

S. No. 2
M-5-43
7-5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39061

State File No.

Registration District No. 322

Primary Registration District No. 6088

Registrar's No. 5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Saline**

(a) County..... **R.F.D. Miami, Mo.**

(b) City or town..... **R.F.D. Miami, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **no**
(Specify whether years, months or days)

In this community **5 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Saline** 997

(c) City or town. **R.F.D. Miami** 5
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ralph Waldo Mayfield**

3. (b) If veteran, name war **World No. 1**

3. (c) Social Security No. **no**

4. Sex **male** (1) 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Alice Mayfield**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **December 20 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	12	hr. min.

9. Birthplace **Saline Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Ben T. Mayfield**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Woolum**
(City, town, or county) (State or foreign country)

15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Matfield**

(b) Address **R.F.D. Miami, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **11-5a'48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **Hill Brothers,**
(b) Address **Slater, Mo.**

19. (a) **Nov 5, 1948** (Date received local registrar) (b) **Mo. Earl C. Metzger** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2**
year **1948** hour **9** P.M. minute M.

21. I hereby certify that I attended the deceased from **6-10** to **Aug 10, 1948**
that I last saw him alive on **Aug 10, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Respiratory infection 6 weeks**

Due to

Other conditions **Poison of skin 4 yrs**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **None**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work (Specify type of place) (c) Means of injury

23. Signature **W E Lockwood** (M. D. or other) **11/5/48**
Address **306 N. Main** Date signed **Slater Mo**

RECEIVED

District Health Officer No. 8.

Dist.

Date Filed 11-15-48

NOV 17 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Guy F. Hays, Jr......, Registered Apprentice No. 88
working under my personal supervision.

Signed A. C. Hill.....

Licensed Embalmer No. 3090

P.O. Address Slater.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.