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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40257  
State File No. \_\_\_\_\_  
Registrar's No. **5288**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **JACKSON**  
(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **GENERAL HOSPITAL # 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days, 18 hrs, 55 mins**  
In this community **51 years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **JACKSON 48**  
(c) City or town **KANSAS CITY 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1608 BENTON 8**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **JOHN WILLIAM MAYHEW**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unk.**  
4. Sex **MALE 2** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced, **MARRIED**  
6. (b) Name of husband or wife **LILLIE MAYHEW** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **APRIL 1st 1880**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **DECEMBER** day **24th**  
year **1948** hour **3:55** minute **P. M.**  
21. I hereby certify that I attended the deceased from **DECEMBER 12th 48** to **DECEMBER 24th 48**  
that I last saw h. **im** alive on **DECEMBER 24th 48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE** Duration \_\_\_\_\_  
**due to HYPERTENSIVE HEART DISEASE**

8. AGE: Years Months Days If less than one day  
**68 8 23** hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **CAIRO, ILLINOIS**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **DAY LABORER**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **93 2**

11. Industry or business  
12. Name **WILLIAM MAYHEW 4**  
13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **PRISCILLA HARVEY**  
15. Birthplace **MISSISSIPPI**  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) **E. Frank Ellis**  
(e) Means of injury \_\_\_\_\_

16. (a) Informant **Wife: Lillie Mayhew**  
(b) Address **1608 Benton**  
17. (a) **Burial** (b) Date thereof **12/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Highland Cemetery**  
18. (a) Signature of funeral director **Walter H. ...**  
(b) Address **1722 1/2 Lydell Ave.**  
19. (a) **12-28-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. Frank Ellis** (M. D. or other)  
Address **600 East 22nd St.** Date signed **12/27/48**

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

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Jerome Maxlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**