

FILED DEC 12 1941
Registration District No. 331

Primary Registration District No. 420 X

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deerwater, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Deerwater, Tenn _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town Deerwater
(If outside city or town limits write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A? Mother's Born years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Lena Mayfield
8. (b) If veteran, No name war _____ 3. (c) Social Security No. No

20. DATE OF DEATH: Month 11 day 17
year 1941 hour 4 minute 45 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Russell Mayfield 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-19-39, to 11-17-41, 1941
that I last saw her alive on 6-6, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 5 Days 8 If less than one day
hr. _____ min. _____

Immediate cause of death Brain Tumor Duration 2 years
Due to metastasis from Car. of Thyroid 1 year
Due to _____

9. Birthplace Birmingham, Minn
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Jahannay White 9
13. Birthplace Missouri 9
(City, town, or county) (State or foreign country)
14. Maiden name Alma T. Jeter 9
15. Birthplace Missouri 9
(City, town, or county) (State or foreign country)

16. (a) Informant Marye Walz
(b) Address Deerwater, Missouri

17. (a) Buried (b) Date thereof 11-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham MO

18. (a) Signature of funeral director Jan Smith
(b) Address Deerwater MO

19. (a) 11/18-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

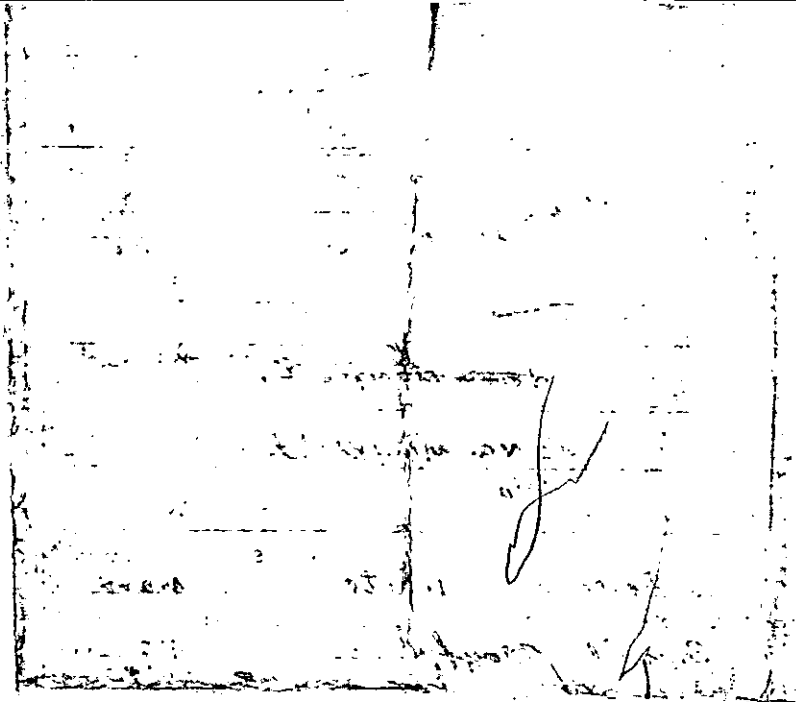
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 550
Of autopsy _____
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) _____
(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) Means of injury Stroke
23. Signature Eugene D. Neill (M. D. or other) MD
Address Deerwater MO Date signed 11-18-41

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

John Hunt

Licensed Embalmer No. *2782*

P. O. Address *Deepwater, Me*

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, above space should be left blank.