

Primary Registration District No. 5511

Registration District No. 19437

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

4200

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clanton, Fulton County
(c) Name of hospital or institution 4 mi N of Clanton
(d) Length of stay: In hospital or institution 1
In this community 55 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clanton
(d) Street No. 4 mi N of Clanton
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen N. Mayes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mayes
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 2 24 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Osage Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Stephen N Mayes
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Wilkerson
15. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mary Mayes

(b) Address Clanton Mo

17. (a) Clanton (b) Date thereof 9 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clanton, Fulton Co

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clanton Mo

19. (a) Sept. 14 1943 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-1
1942 to 9-13 1943
that I last saw him alive on 9-1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
Duration Sudden

Due to myocardial degeneration with dilatation 171

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 _____

23. Signature Chas Walker M.D. (M. D. or other)

Address Clanton Mo Date signed 9/14/43

RECEIVED
District Health Officer No. 7
License File Number 9-43-1006
Date Filed 10-7-43

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 Fred W. Lusk
Licensed Embalmer No. 2478
P. O. Address Clinton Mo

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.