

REC'D MAR 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5513  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. General Hosp. St.  
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hurley Mayhan  
 (a) Residence, No. 228 East 30th Street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Artie Mayhan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>43</u>	<u>8</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as Telephone Operator  
 9. Industry or business in which work was done, as Operator  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Curtis S. Mayhan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Laura J. Benning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lloyd Mayhan (Brother)  
(ADDRESS) 3607 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana DATE 2/19/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley  
K. C. Mo.

20. FILED 719 39 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-39

22. I HEREBY CERTIFY, That I attended deceased from 11:50 P.M. to 12:45 A.M. 1939  
 Death is said to have occurred on the date stated above, at 12:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of the skull  
Subdural and subarachnoid cerebral hemorrhage with laceration of the brain  
 Other contributory causes of importance:  
Multiple contusions & lacerations

Name of operation 175 P.M. Date of yes  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide Date of injury 2-17-39  
 Where did injury occur? K.C. Mo.  
 Specify whether injury occurred in industry, at home, or in public place.  
 Manner of injury Was beaten with an iron pipe  
 Nature of injury iron pipe

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes  
 (Signed) Walter S. Butler M. D.  
 (Address) Gen Hosp; K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**