

FILED MAR 11 1943

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Olive St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Holden
(If outside city or town limits, write "RURAL")
 (d) Street No. North Olive St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

3. (a) PRINT FULL NAME Miss Frances Mayhew

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

4. Sex female 5. Color or race cauc 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
 7. Birth date of deceased July 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 13 br. min.

9. Birthplace Brighton, Ont. Canada. 2
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

12. Name William Arthur Mayhew
 13. Birthplace Suffock County, England 4
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Eyre
 15. Birthplace Cobourg, Ontario, Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert Mayhew
 (b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Feb. 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Feb 25 1943 (b) Bladys Ferguson Sep.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17, 1943
 year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from February 13 1943 to February 16 1943
 that I last saw her alive on february 16 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory collapse, pulmonary edema Duration 3 days
 Due to Encephalamacia, chronic 6 years

Due to undetermined cause
Kline negative

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: X
 Of operations none

Of autopsy none

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 Thompson (M. D. or other) _____
 Address Holden Mo Date signed 2/24/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-10-43

MAR 17 1943

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 Lewis Canaday

Licensed Embalmer No. 3434

P.O. Address Holden, 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.