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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED 803 78 1945

Registration District No.

Primary Registration District No. 6141

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby ¹⁰²

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Twp. ⁰
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country No.

3. (a) PRINT FULL NAME Thomas C. Mayes

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug. day 30
year 1945 hour 8 minute 15 A.M.

4. Sex M Color or race W.

6. (a) Name of husband or wife Lillie A. Mayes

6. (b) Name of husband or wife Lillie A. Mayes

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 24 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from aug. 24, 1945, to aug. 30, 1945;
that I last saw h. live on aug. 30, 1945;
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 6
If less than one day hr. min.

Immediate cause of death uraemic poisoning ^{4 days}

Due to acute nephritis ^{10 days}

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

10. Usual occupation Farmer

Due to

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

12. Name William J. Mayes

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Barahy Robb

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations 130

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Vera M. Yancey

(b) Address Hunnemwell, Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director Grover E. Owen

(b) Address Hunnemwell, Mo.

19. (a) Sept. 4, 1945 (b) Mrs. Carl Burbin
(Date received local registrar) (Registrar's signature) Deputy

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) (c) Means of injury

23. Signature A. L. Caldwell (M.D. or other) DO.
Address Shelby Mo Date signed aug 30

1547

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-45-1583

Date Filed OCT 17 1945

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 Me

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

Signed Grover J. Brown

Licensed Embalmer No. 1754

P. O. Address Hummel No.

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.