

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1151A

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. PLEASANT VIEW</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charcot View</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>W.</u>		c. (Last) <u>MASLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 4, 1910</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>SEPT. 11, 1875</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Maslen</u>		13b. MOTHER'S MAIDEN NAME <u>Albina Shook</u>		14. NAME OF HUSBAND OR WIFE <u>Susan A. Maslen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>SPANISH-AMERICAN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susan A. Maslen</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> Information obtained from records of Gwinn-Carothers Funeral Home in Eldorado Springs, Mo., and affidavit of L. T. Dunaway, M.D., Cedar County, Missouri. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 2, 1909</u> , to <u>Feb 2, 1910</u> , that I last saw the deceased alive on <u>Feb 2, 1910</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. T. Dunaway</u>				23b. ADDRESS <u>Eldorado Springs Mo</u>		23c. DATE SIGNED <u>2/17/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5, 1910</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackelman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 23 1951</u>		REGISTRAR'S SIGNATURE <u>Edgar H. Bridger</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Gwinn-Carothers</u>		ADDRESS <u>Eldorado</u>	

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

Gwinn-Carothers Funeral Home

312 SOUTH MAIN STREET

El Dorado Springs, Mo.

State of Missouri)
) SS.
County of Cedar)

Floyd E. Carothers, of lawful age, on his
oath being duly sworn, deposes and says:

I am the owner of Gwinn-Carothers Funeral Home in El Dorado Springs, Missouri. The records of this establishment show that John W. Maslen died in E. Pleasant View on Feb. 4, 1910, at the age of 35 years, the cause of his death being tuberculosis. This record also shows that he was a married man, that his funeral was held on Feb. 5th of that year, and that interment was at Hackelman Cemetery.

Floyd E. Carothers

Subscribed and sworn to before me this 27th day of January,
1951.

Mary Evelyn Kennedy
Notary Public.

My commission expires May 25, 1954.

151A

State of Missouri)

)SS.

County of Cedar)

I have viewed the Soldier's Hand Book belonging to John W. Maslen, showing his service record during the Spanish-American War. Said book ^{also} shows that he was born Sep 11, 1875 and that he was married Aug. 9, 1903. The date of his death is shown to have been Feb. 4, 1910.

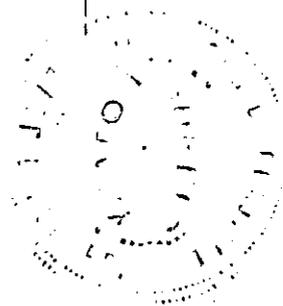
Of my own personal knowledge I know that Tom Maslen of Route 5, ElDorado Springs, Missouri is a brother of John W. Maslen, deceased.

J. H. Kinsman

Subscribed and sworn to before me this 27th day of January, 1951.

Mary Evelyn Kennedy
Notary Public.

My commission expires May 25, 1954.



1151A

State of Missouri)
County of Cedar) SS.

L. T. Dunaway, of lawful age, on his oath being duly sworn, deposes and says: I have been practicing medicine in the State of Missouri since 1893. On about the first of February, 1910 I was called to treat John W. Maslen, who I had known practically all of his life. He had been in the Army and come home, was married, and was suffering with tuberculosis, from which disease he died. One particular thing that I remember in regard to this call was that the family lived in the country, off the road, and I had to leave my horse at a farm house and walk across country to get to their home. I have viewed his family record, which shows the date of his death as Feb. 4, 1910 and I am satisfied that this date is correct.

L. T. Dunaway M.D.

Subscribed and sworn to before me this 27th day of January, 1951.

Mary Evelyn Kennedy
Notary Public.

My commission expires May 25, 1954.

1151A

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