

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

21794
Do not use this space.

1. PLACE OF DEATH **11 1938**
 (a) County **Franklin** Registration District No. **297**
 (b) Township _____ Primary Registration District No. **3016** Registered No. **53**
 (c) City **Washington, Mo.** (d) Street No. **112 West 4th St.** _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **40 yrs. 0 mos. 0 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joel D. Maupin, M. D.** **150**
 (a) Residence, No. **112 West 4th St., Washington, Mo.** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Tena Brauns Maupin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 21, 1871**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	66	6	10	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Doctor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Doctor**
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1st 1938**

22. I HEREBY CERTIFY that I attended deceased from **May 17 - 1938**, to **June 1st 1938**, 19**38**
 I last saw him alive on **June 1st 1938**, Death is said to have occurred on the date stated above, at **4¹⁵ P.** m.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
82B
 Other contributory causes of importance: **Don't know**

Name of operation **none** Date of _____
 What test confirmed diagnosis? **clinical** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify _____ (Signed) **N.A. May** M. D.
 (Address) **Washington, Mo.** **270**

12. BIRTHPLACE (CITY OR TOWN) **Franklin County** 0
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **James J. Maupin** 0
 14. BIRTHPLACE (CITY OR TOWN) **Franklin County** 0
 (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Martha E. Crowder**
 16. BIRTHPLACE (CITY OR TOWN) **Morgan County**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. J. D. Maupin**
 (ADDRESS) **112 West 4th St., Washington, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington, Mo.** DATE **June 3rd, 1938**

19. FUNERAL DIRECTOR **Otto & Co.**
 (ADDRESS) **Washington, Mo.**

20. FILED **June 2 - 1938** **N.A. May**
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, *[Signature]* Licensed Embalmer No. 2464

herby certify that the body recorded on the reverse side of this certificate was embalmed by *[Signature]*

[Signature] L. E.

No. 2464 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 2464

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.)