

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

38909
Do not use this space.

REC'D DEC 15 1938

PLACE OF DEATH
(a) County Christian Registration District No. 182
(b) Township Lincoln Primary Registration District No. 4108
(c) City Clever Mo (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 142 Mr. Alvin Alvin Maples
(a) Residence, No. Clever, Mo 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 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 Mary Maples
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 1 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Illinois
13. NAME Waverly Maples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Elizabeth Dickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Rolla Maples
Clever, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Trajer Chapel DATE Nov. 27-38
19. FUNERAL DIRECTOR (ADDRESS) J. H. Maples
Clever, Mo.
20. FILED Dec. 2, 1938 Herta Hicks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov. 24, 1938
I last saw him alive on Nov. 23, 1938 Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:
APoplexy
ARTERIO HYPERTENSION
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify (Signed) F. D. Brown, M. D.
(Address) Billings, Missouri
168

(Licensed Embalmer's Statement on Reverse Side)

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.

30M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-38-673

Date Filed DEC 7 1938

STATEMENT BY LICENSED EMBALMER

I, J. W. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

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.)