

REC'D FEB 11 1939

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

3551

Do not use this space.

1. PLACE OF DEATH

(a) County PLATTE Registration District No. 693
(b) Township PRESTON Primary Registration District No. 5920
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 SARAH ELLA MAXEY

(a) Residence, No. Platte County, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. ~~SINGLE, MARRIED, WIDOWED, OR~~ WIDOWED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF RICHARD C. MAXEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 23, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 11

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

12. BIRTHPLACE (CITY OR TOWN) Platte County
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Johnson Proctor
14. BIRTHPLACE (CITY OR TOWN) MISSOURI
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME NANCY THOMPSON
16. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

17. INFORMANT MRS GARLAND ADAMS
(ADDRESS) SMITHVILLE, MISSOURI

18. BURIAL ~~CATHOLIC, EPISCOPAL, OR OTHER~~
PLACE SMITHVILLE, MO. DATE FEB. 5, 1939

19. FUNERAL DIRECTOR McCOMBS MORTUARY
(ADDRESS) SMITHVILLE, MISSOURI

20. FILED 2/9 1939 Vivian R. Nash (Address) Smithville Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1939, to 2-3, 1939

I last saw h. alive on 2-3, 1939. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Sudden
of 2nd
Other contributory causes of importance:
previous attacks

Name of operation..... Date of.....
What test confirmed diagnosis? previous history 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) J. C. Lee M. D.

(Address) Smithville Mo

STATEMENT BY LICENSED EMBALMER

I, S. A. McComas, Licensed Embalmer No. 2303

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 S. A. McComas

Licensed Embalmer No. 2303

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.)