

REC'D MAY 18 1939

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

14798
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 37
 (c) City Washington, Mo. (d) Street No. _____ St. Francis Hospital 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 0 yrs. 0 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Edward Maupin

(a) Residence, No. Labadie Mo. St. Labadie, Missouri
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 6 28

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

12. BIRTHPLACE (CITY OR TOWN) Labadie 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert A. Maupin 0
 14. BIRTHPLACE (CITY OR TOWN) New Haven 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Delila Tracy
 16. BIRTHPLACE (CITY OR TOWN) St. Albans
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Nelle Omohundro
 (ADDRESS) Labadie, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Labadie, Mo. DATE April 2nd, 1939

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

20. FILED Apr. 1 - 1939 H. A. Klay
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/28/31, 19, to 3/31/39, 19....
 I last saw him alive on 3/31/39, 19.... Death is said to have occurred on the date stated above, at Labadie, Mo.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

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) [Signature], M. D.

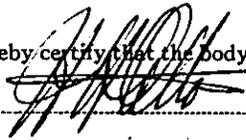
(Address) Washington, Missouri

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.

7032
10/11/8

STATEMENT BY LICENSED EMBALMER

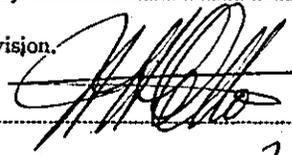
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____



or by _____

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

Signed _____



Licensed Embalmer No. 2464

P. O. Address Washington, D.C.

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, above space should be left blank.