

REC'D SEP 14 1939

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

28455
Do not use this space.

1. PLACE OF DEATH
 (a) County Adair Registration District No. 4
 (b) Township Stanton Primary Registration District No. 5005
 (c) City Ricksville or Ricksville (d) Street No. R. F. D. Registered 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 Ephraim Maize
 (a) Residence, No. Ricksville R. F. D. 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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Maize
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1857
 7. AGE YEARS 82 MONTHS 5 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to Sept 6 1939
 I last saw him alive on Sept 6 1939 Death is said to have occurred on the date stated above, at 8:30 AM
 The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart lesion
arteriosclerosis
acute dilatation heart
 Date of onset 10 yrs
5 yrs
atom

Other contributory causes of importance: infirmitas of age 92

12. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Missouri
 13. NAME Henry Maize
 14. BIRTHPLACE (CITY OR TOWN) Greentop (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Eliza Forbes
 16. BIRTHPLACE (CITY OR TOWN) Greentop (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) James Maize
Ricksville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Cem DATE Sept 9 - 1939
 19. FUNERAL DIRECTOR (NAME) Dee Riley (ADDRESS) Ricksville Mo
 20. FILED Sept 14, 1939 Spencer L. Freeman Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical inspection 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) W. R. McCallum M. D.
 (Address) Ricksville Mo

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.

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RECEIVED

District Health Officer No. 10
District File Number 9-39-1590
Date Filed SEP 12 1939

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.....

P. O. Address.....

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.