

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I X1031

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.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 124

1. PLACE OF DEATH:
(a) County Johnson 2
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days
3. (a) PRINT FULL NAME Gerald Lee Maxwell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased Oct. 19 - 1925
(Month) (Day) (Year)

8. AGE: Years 14 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation High School Student

11. Industry or business _____

MOTHER FATHER
12. Name Grover Lee Maxwell
13. Birthplace Montserrath Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lura Rubin
15. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wanda Maxwell
(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof Nov-17-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxburster

18. (a) Signature of funeral director Greeney Hupp
(b) Address Warrensburg Mo

19. (a) Nov 15-39 (b) Earl Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Johnson
(c) City or town WARRENSBURG
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1939 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 11
1939, to July 15, 1939
that I last saw him alive on July 15, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chemical Peritonitis
Duration _____
Due to Bulb wound of terminal ileum, transverse colon, stomach & middle lobe of liver
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: as above 184
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov-11, 1939
(c) Where did injury occur? Warrensburg Johnson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in country
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature John M. D. (M. D. or other) _____
Address Warrensburg, Mo Date signed 11/16/39

RECEIVED
DISTRICT EMBALMERS ASSOCIATION
6/12/31
DEPT. HEALTH

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.....

R. Q. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed R. Q. Phillips.....

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo.

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.