

FILED FEB. 21 1940

State File No. \_\_\_\_\_

Registration District No. 320 Primary Registration District No. 5443 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County GREEN Cent. Inj.  
(b) City or town BOIS DARC  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GREEN  
(c) City or town RURAL  
(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 JAN day 24  
year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Dead on  
my arrival, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Apoplexy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration  
10 minutes

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
291  
23. Signature S. M. Clark (M. D. or other)  
Address Half town mo Date signed 1-26-40

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

3. (a) PRINT FULL NAME ELIZABETH MAXEY

8. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN L. MAXEY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT 30 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BOIS DARC, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name JAMES K. GRAY D.

13. Birthplace TENN  
(City, town, or county) (State or foreign country)

14. Maiden name NANCY JANE WEST

15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma J. Shannon

(b) Address Springfield Mo.

17. (a) J. B. Williams (b) Date thereof Jan 26, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Cemetery

18. (a) Signature of funeral director A. W. Wallace

(b) Address Billingo Mo.

19. (a) 1/25 (b) W. E. Hoyal  
(Date received local registrar) (Registrar's signature)

2025-03-17 09:15

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.....

*Ernest R. Mead*

Registered Apprentice No. *4038*

working under my personal supervision.

Signed *Ernest R. Mead*

Licensed Embalmer No. *4038*

P. O. Address *Billings, 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.