

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15851

State File No. _____

Registration District No. 721

Primary Registration District No. 5952

Registrar's No. 5

1. PLACE OF DEATH:

(a) County PuTnam

(b) City or town RURAL - LINCOLN TOWNSHIP
(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 2
(Specify whether _____)

In this community 4 1/2 TIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PuTnam

(c) City or town RURAL
(If outside city or town limit, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WALTER MAULSBY 421

3. (b) If veteran, name war _____

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4,
year 1940 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from March, 1930, to May 4, 1940
that I last saw him alive on May 4, 1940
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MYRTLE L.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 9 1877
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Duration 1 HR.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Due to Cor. Arteriosclerosis

Duration 5 YRS.

9. Birthplace PuTnam Co. MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94 W

10. Usual occupation FARMER & MINER

11. Industry or business MINER Coal & FARM

12. Name Samuel A Maulsby

13. Birthplace Town 9 1
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA ALICE WILSON

15. Birthplace Indiana 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul T Maulsby

(b) Address Unionville Missouri

17. (a) BURIAL (b) Date thereof May 6 1940
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo. Cemetery

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address Unionville Mo. By J.N. Comstock

19. (a) 5-8-1940 (b) Josie D McKenley
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature J. M. Martin (M. D. or other) _____

Address Unionville Date signed 5/8/40

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

RECEIVED

District Health Officer No. 10

District File Number 5-40-1029

Date Filed MAY 22 1940

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, by

J. H. Comstock

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. H. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.