

2
1-10-39
17-39
X21492

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

State File No. _____

Registration District No. 184

Primary Registration District No. 4110

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Christian
 (b) City or town Ozark, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Christian
 (c) City or town Ozark
(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.

3. (a) PRINT FULL NAME Sarah Jane Maples
 3. (b) If veteran, name war V
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
 year 1940 hour 10 minute P. M.

4. Sex female 5. Color or race white
 6. (b) Name of husband or wife George Maples
 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if ally deceased years
 7. Birth date of deceased Jan 16 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1940, to July 10, 1940
 that I last saw her alive on July 8, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 24
 If less than one day hr. _____ min.

Immediate cause of death General Weakness
 Due to Chronic Arthritis
 Due to _____
 Other conditions 570
(Include pregnancy within 3 months of death)

9. Birthplace Ark.
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____
 12. Name unknown Thomas
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Cynthia Long
 15. Birthplace Ark.
(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 J. W. Maples
 (b) Address Ozark, Mo.
 17. (a) Burial (b) Date thereof July 12 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Selma Cem
 18. (a) Signature of funeral director B. J. K. K. K.
 (b) Address Ozark, Mo.
 19. (a) Aug. 1-1940 (b) Loretta Leonard
(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?
 170
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. W. Trade (M. D. or other) _____
 Address Ozark Mo. Date signed 7-11-40

RECEIVED

District Health Officer No. 6,

District File Number 840-2495

Date Filed AUG. 20 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, or by.....

Forest Klyper

Registered Apprentice No. 143

working under my personal supervision.

Signed *B. C. Klippner*

Licensed Embalmer No. 2175

P. O. Address York 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.