

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 62

1. PLACE OF DEATH:
(a) County Liberty Mo
(b) City or town Liberty Mo
(c) Name of hospital or institution: F.O.F. Home Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
In this community 23 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Jas E. Maupin 150
3. (b) If veteran, name war none 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan 19-1880
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business
12. Name Joel Maupin
13. Birthplace Ry.
(City, town, or county) (State or foreign country)
14. Maiden name Edna F. Evans
15. Birthplace Ry.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul R. Rogee
(b) Address Liberty Mo.

17. (a) Burial (b) Date thereof July 31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsport - Fulton Mo.

18. (a) Signature of funeral director Charles Archer Co
(b) Address Liberty Mo.

19. (a) July 30-40 (b) Helene Searley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(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 July day 29th
year 1940 hour 11:00 minute _____ P.M.
21. I hereby certify that I attended the deceased from July 29th 1940 to July 29th 1940
that I last saw him alive on July 29th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy No

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? 940
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. Matthews (M. D. or no)
Address Liberty Mo. Date signed 7/29/40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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 Edgar A. Miller
Licensed Embalmer No. 3311
P. O. Address Yuba City, Tex.

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.