

No. 2
4-13-40
5-17-39
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REC'D DEC 6

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

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **2272**

1. PLACE OF DEATH:

(a) County **ST. LOUIS COUNTY**

(b) City or town **JEFFERSON BARRACKS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **VETERANS ADMINISTRATION FACILITY**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Admitted 11/9/40**
(Specify whether years, months or days) **unknown.**

3. (a) PRINT FULL NAME **John M. Maupin**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **None.**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Flora**

6. (c) Age of husband or wife if alive **1894** years

7. Birth date of deceased **May 24 1894**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	1	hr. min.

9. Birthplace **Stony Hill Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Street car Motorman**

11. Industry or business **9**

12. Name **William Maupin**

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

14. Maiden name **Susan Cantley**

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

16. (a) Informant **M. Schilling**

(b) Address **Clinical Clerk, JAF, Jeff. Bks., Mo**

17. (a) **Removal** (b) Date thereof **11/26/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stony Hill Mo**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 26 1940** (b) **R. M. Hughes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**

(c) City or town **Hermann**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #1**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25th**
year **1940** hour **7:05** minute **p.** M.

21. I hereby certify that I attended the deceased from **November 9, 1940** to **November 25, 1940**
that I last saw him alive on **November 25, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, right kidney, bladder and testicles.**

Duration **unknown**

Due to **-**

Due to **-** **30**

Other conditions **None.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **No autopsy.**

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? **Yes** (Specify type of place) _____
(Specify type of place) (M. D. or other)

23. Signature **C. W. HUGHES, M.D.** (M. D. or other)

Address **Chief Medical Officer.** Date signed **11/26/40**

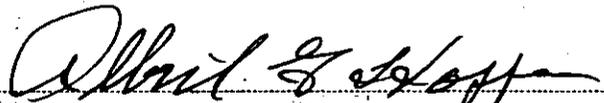
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.