

U.S. No. 2
I-11-16-30
v. 5-17-30
I X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42477

State File No. _____

Registration District No. 309

Primary Registration District No. 4185

Registrar's No. 42

1. PLACE OF DEATH:

(a) County. Gentry
(b) City or town. Albany
(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 _____
In this community. 74 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Gentry
(c) City or town. Albany
(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. Andrew Johnson Maxwell

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Elizabeth Sheeley 6. (c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. April 13 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 0 hr. _____ min.

9. Birthplace. Worth County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired farmer

11. Industry or business _____

12. Name. Allen Maxwell

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

14. Maiden name. Razel

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

16. (a) Informant. Mrs. Andrew Maxwell

(b) Address. Albany, Missouri

17. (a) Old Brick (b) Date thereof. Dec. 15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Old Brick

18. (a) Signature of funeral director. [Signature]

(b) Address. Albany, Mo.

19. (a) Dec. 14, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 40 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-6-40
to 12-13-40, 1940,
that I last saw him alive on 12-13-40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death. Mural Thrombosis 5 days

Due to Myocarditis _____ years

Due to Arterial hypertension _____ years

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations. _____
Of autopsy. _____

Physician
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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature. Frank A. Rose (M. D. or other) MD

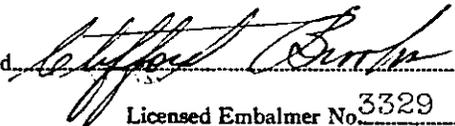
Address. Albany, Mo. Date signed 12-14-40

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

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed 
Licensed Embalmer No. 3329
P. O. Address Albany, 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.