

S. No. 2
 11-10-39
 5-17-39
 1-10-24-42
 FILED

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **42579**

Registration District No. **325**

Primary Registration District No. **5457**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Walnut Grove R2
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural - Cass Township
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 yrs.
(Specify whether years, months or days)

8. (a) PRINT FULL NAME John Perry Maples.

8. (b) If veteran, name war us 8. (c) Social Security No. us

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha Vesta Frazier 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased March 4 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 23 hr. min.

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

10. Usual occupation Farmer & Minister of Gospel

11. Industry or business General Farming & Preacher

12. Name Pleas Maples

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

14. Maiden name Raney Ann Martin

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

16. (a) Informant Robert Maples

(b) Address Sand Springs - Okla.

17. (a) Burial (b) Date thereof Mar 30 1940
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Sam A. Perry

(b) Address Walnut Grove Mo.

19. (a) 11/28/40 (b) Etha B. McClure
(Intercoastal local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Walnut Grove R2
(If outside city or town limits, write "RURAL")
 (d) Street No. Cass Township
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
 year 1940 hour 4 minute PM

21. I hereby certify that I attended the deceased from Mar 5 1940 to Mar 5 1940
 that I last saw him alive on Mar 5 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
with Rheumatic Heart

Due to Senility with Rheumatic Heart
 Due to Senility with Rheumatic Heart
 Other conditions 9/2/40
(Include pregnancy within 3 months of death)

Major findings: Senility with Rheumatic Heart
 Of operations
 Of autopsy

Duration
 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?

23. Signature J. J. Barber MD (M. D. or other)
 Address Walnut Grove Mo Date signed 11/28/40
(Specify type of place) (a) Means of injury

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

9

RECEIVED

Greene County Health Office,

County File Number 40-12-109

Date Filed 12/9/40

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 Genea B...

Licensed Embalmer No. 2667

P. O. Address Danvers Green 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.