

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7209

State File No.

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. 4

48000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Blue Springs Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Ann's Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 50 yrs years, months or days)

3. (a) PRINT FULL NAME George Maughan
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rona 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased June 20 1854
 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business retired

12. Name M. G. Maughan
 13. Birthplace Tex
 (City, town, or county) (State or foreign country)

14. Maiden name Anderson
 15. Birthplace San Antonio Tex
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Ryan
 (b) Address Archie Valley Mo

17. (a) Burial (b) Date thereof Feb. 28-4
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director R. B. Webb
 (b) Address Blue Springs Mo

19. (a) Feb. 27, 1941 (b) Katherine Lowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 4800
 (a) State Mo (b) County Jackson
 (c) City or town Blue Springs
 (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.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 25
 year 1941 hour 2 minute 00A M.

21. I hereby certify that I attended the deceased from 11-7-40 to 2-25-41
 that I last saw him alive on 2-24- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 5wks
 Duration

Due to Coronary Sclerosis ?

Due to

Other conditions Multiple Skin Cancers 3yrs
 (Include pregnancy within 3 months of death)

Major findings: Of operations None 1/28
 Of autopsy None 2
 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
362 (Specify type of place) While at work? (e) Means of injury

23. Signature Frank E. Irwin (M. D. or other) Dr
 Address Blue Springs, Mo Date signed 2-25-41

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..... *R. B. Webb*.....

Licensed Embalmer No. *2512*.....

P. O. Address *Blue Springs 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, fact should be so stated above.