

**RUB** APR 15 1941

Registration District No. 258

Primary Registration District No. 6724

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town St. Francis

(c) Name of hospital or institution: Little Vine Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 76 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

(c) City or town Rittell St. Francis  
(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 JOHN P. MAZE

3. (b) If veteran, name 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 Alice 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 3 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 6 25 hr. min.

9. Birthplace Madison Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name John Pleasant Maze

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

14. Maiden name Ducinda Griffin

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

16. (a) Informant His wife

(b) Address Aradia Mo

17. (a) Burial (b) Date thereof 3-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine Cemetery

18. (a) Signature of funeral director Stanley H. Aspin

(b) Address Fredricks town Mo.

19. (a) March 25 1941 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1941 hour 3 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 22, 1941, to March 28, 1941; that I last saw him alive on March 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia

Duration 8 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E. E. Higdon, M.D. (M. D. or other) \_\_\_\_\_

Address Fredricks town Mo Date signed 3-29-41

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**