

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 460 S. English
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 460 S. English
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas S. Maupin

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

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

6. (b) Name of husband or wife Landora Casebolt
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 23, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 2 If less than one day
hr. _____ min.

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

10. Usual occupation Papering & Painting

11. Industry or business Decorating

12. Name James L. B. Maupin

13. Birthplace Albamarle County, Va.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bailey

15. Birthplace Albamarle County, Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T.S. Maupin

(b) Address 460 S. English

17. (a) Burial (b) Date thereof Apr. 1, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Mo.

18. (a) Signature of funeral director J. Leslie Swanson

(b) Address Marshall, Mo.

19. (a) 3-31-41 (b) Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day March
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April
1939, to March 29, 1941;
that I last saw him alive on March 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arterial Hypertension

Due to Coronary Atherosclerosis
Chr. Nephritis

Other conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings: no
Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

(e) Means of injury 712
(Specify type of place)

While at work? no

23. Signature Robert K. ... (M. D. or other) no

Address Marshall, Mo. Date signed 3-31-39

Duration Immediate
PHYSICIAN 3-5-41
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-41

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 J. Leeli Surry
Licensed Embalmer No. 3237
P. O. Address Marshall, 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.