

No. 2
4-13-40
-17-39
I X23159

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16133

State File No. _____

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 12 B

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

1. PLACE OF DEATH: Vernon
 (a) County Nevada
 (b) City or town Nevada
 (c) Name of hospital or institution: Nevada Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Schell city
 (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.

3. (a) PRINT FULL NAME WILLIAM BONGHAN MAUS
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 24
 year 1941 hour 8 minute 47 P.M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife MYRTLE MAUS
 (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Sept. 9, 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7, 1941, to April 24, 1941;
 that I last saw him alive on April 24, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart block
 Duration 8 hrs

8. AGE: Years 60 Months 7 Days 15
 If less than one day _____ hr. _____ min.

Following Shovel pneumonia (Friedlander)
 Due to _____

9. Birthplace Schell city, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Postmaster

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 107
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name J. H. Maus
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Nellie Bonghan
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Iris Maus
 (b) Address Nevada Mo
 17. (a) Burial (b) Date thereof 4/26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (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?
745 (Specify type of place) (e) Means of injury ✓

18. (a) Signature of funeral director Walter Lewis & Son
 (b) Address Schell city Mo.
 19. (a) 4-25-41 (b) Allen V. Hayes
 (Date received local registrar) (Registrar's signature)

23. Signature W. W. Pearson (M. D. or other) (M.D.)
 Address Nevada Mo Date signed 4/24/41

RECEIVED

District Health Officer No. 7,

District File Number 5-41-786

Date Filed 5-7-41

05501
MAR 21 1948

NOV 24 1948

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

Marion M. Lewis

Licensed Embalmer No.

3084

P. O. Address

Schell City, 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.