No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18696

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Phelps,

(b) City or town St James, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St James Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Fifteen years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps, 81

(c) City or town St James, R.Route. Misaouri
(If outside city or town limits write "RURAL")

(d) Street No. Route
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME William Marion Maines.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha G.Maines.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April, 5th, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming.

11. Industry or business

FATHER
12. Name Not Known.
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank White.

(b) Address St James, Missouri.

17. (a) Morrison Cemetery (b) Date thereof 6/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Cemetery.

18. (a) Signature of funeral director Jonas & Gorman

(b) Address St James Missouri

19. (a) 6-4-41 (b) Elsie B Houk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 1st, year 1941 hour 9 30 minute 35 P M.

21. I hereby certify that I attended the deceased from May 24th, 1941, to June 1st, 1941; that I last saw him alive on June 1st, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to Automobile Accident

Due to Car Turning over

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

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) Accident

(b) Date of occurrence May 24 - 1941 81

(c) Where did injury occur? Hy 68 - So of St James Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road Highway 68 -
(Specify type of place)

While at work? no (e) Means of injury accidental

23. Signature E A Scott (M. D. or other)

Address St James Hospital St James Mo Date signed June 3/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Jones

Licensed Embalmer No. 2479

P. O. Address Steelville 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.