No. 2
1-4-41
5-17-39
I X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20979

State File No. .....

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 191

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days. (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Sullivan
(c) City or town: Milan, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary W. Maxwell
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Raymond C. Maxwell
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: July (Month) 27 (Day) 1877 (Year)

8. AGE: Years 63 Months 10 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: Milan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home on farm
11. Industry or business: —
FATHER
12. Name: Peter McGinty
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Murphy
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Grace Maxwell
(b) Address: Milan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's cem. Milan
18. (a) Signature of funeral director: J. Schreyer
(b) Address: Milan, Mo.
19. (a) June 27 '41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 4, 1941, to June 26, 1941; that I last saw her alive on June 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure	
Due to: Chronic Myocarditis	
Due to: Chronic Brights Disease	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operations
Of autopsy: No 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: A. R. Schultz (M. D. or other) M.D.
Address: 100 N. Walnut Kirksville Mo. Date signed: 6/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1390
Date Filed JUL 16 1941

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 Frank D. Schoene, Registered Apprentice No. ..., working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2046

P. O. Address Milan, Mi

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.