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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22593

State File No.

Registration District No. 772

Primary Registration District No. 4463

Registrar's No. 1043

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins, Missouri
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution _____
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Elvins
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 11 minutes _____ P. M.
21. I hereby certify that I attended the deceased from 19 Mar, 1940 to March 22, 1940;
that I last saw her alive on March 13, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Cardio-Renal Arteriosclerosis
Duration 15 min
3 yrs.

Other conditions _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Res. H. Walters
Address _____ Date signed _____

3. (a) PRINT FULL NAME Birdie Mae Maxon

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

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

6. (b) Name of husband or wife George Maxon 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 25 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 25 hr. _____ min.

9. Birthplace St. Francois Co. State
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Riley A. Halbbrook

13. Birthplace St. Francois Co. ()
(City, town, or county) (State or foreign country)

14. Maiden name Emily Crabdree

15. Birthplace Bollinger Co. () Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Maxson

(b) Address Elvins, Missouri

17. (a) Burial (b) Date thereof 4 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sparks Und. Co. 97

(b) Address Elvins, Mo.
(c) 6-22-41 (b) G. B. Harrison
(Date received local registrar) (Registrar's signature)

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

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

B. Everett Sparks

Licensed Embalmer No.

2639

P. O. Address

Elwin M

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.