

No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24477

State File No.

Registrar's No. 176

Registration District No. 73

Primary Registration District No. 3006

10
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community over 50 yr / (Specify whether years, months or days)

3. (a) PRINT FULL NAME J. L. MAUPIN
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. J. 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased not known 1967
 (Month) (Day) (Year)

8. AGE: Years 74 Months not known Days _____ If less than one day hr. _____ min. _____

9. Birthplace Madison, MO (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & joiner

11. Industry or business _____

MOTHER FATHER { 12. Name Do not know
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Do not know
 15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informants Tan Burton
 (b) Address 220-1-ave

17. (a) Columbia (b) Date thereof July 10, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Galway Cem.

18. (a) Signature of funeral director A. C. Freeman
 (b) Address 608 Park Ave

19. (a) 7/9/41 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Boone 2
 (c) City or town Columbia 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 301 N. North Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 - day 7
 year 1941 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from June 7
7, 1941, to June 7, 1941
 that I last saw him alive on June 7 - 4 PM, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
General Arteriosclerosis
 Due to _____

Due to _____
 Other conditions Stroke (Include pregnancy within 3 months of death)

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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (b) Means of injury _____
 23. Signature Alfred D. Smith (M. D. or other) D
 Address Boone, Mo
 Date signed _____

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave Columbia

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.