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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25391

FILED AUG 11 1941 31
Registration District No. 431

Primary Registration District No. 3023 80 23

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(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 _____ (Specify whether

In this community 50 yrs - 1 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Isaac Maxwell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Missouri Maxwell 6. (c) Age of husband or wife if alive 16 years (Day) (Year)

7. Birth date of deceased April 16 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Krohnaster Mo - 03 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Robert Maxwell

13. Birthplace Unknown Ky - 1 (City, town, or county) (State or foreign country)

14. Maiden name Madam Maxfield

15. Birthplace Unknown Ky - 1 (City, town, or county) (State or foreign country)

16. (a) Informant Isaac Maxwell

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof July 29 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Krohnaster

18. (a) Signature of funeral director Burney Phillips

(b) Address Warrensburg, Mo.

19. (a) July 28 - 1941 (Date received local registrar) (b) T. B. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July - day 27
year 1941 hour 8:05 minute P.M.

21. I hereby certify that I attended the deceased from July 26
1941 to July 27 1941
that I last saw him alive on July 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to upper respiratory tract infection

Due to _____

Other conditions Sanitary 107
(include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy not done

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Warrensburg, Mo. Date signed 7/28/41

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

AUG 5 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.....

Earl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No.....

3878

P. O. Address.....

Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.