

DEC 31 1941  
Registration District No. 400

Primary Registration District No. 5-5-3-18-1255

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Lewis Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 68 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Lewis Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 E First  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1941 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from January 4  
1909, to November 12, 1941;  
that I last saw him alive on Nov. 12 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days  
Due to Arteriosclerosis 7 years

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 83a  
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) (e) Means of injury  
23. Signature Clint S. Miller M.D. (M.D. or other)  
Address Lewis Summit Mo Date signed 11/12/41

3. (a) PRINT FULL NAME Charles O. Maxwell  
3. (b) If veteran, name war -  
3. (c) Social Security No. None

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Maxwell  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 14 - 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 28  
If less than one day hr. min.

9. Birthplace Lane Jack Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Hardware

12. Name William H. Maxwell

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Hankel

15. Birthplace Lane Jack Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Maxwell

(b) Address Lewis Summit Mo

17. (a) Burial (b) Date thereof 11-14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Summit Cem.

18. (a) Signature of funeral director Lewis Summit Mo  
(b) Address Lewis Summit Mo

19. (a) 11-14-41 (b) Sarah B. Jones  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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..... *P. C. Fields* .....

Licensed Embalmer No. *2957* .....

P. O. Address *Luis Summit 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, fact should be so stated above.**