

FILED FEB 19 1942

Registration District No. 167

Primary Registration District No. 5235

Registrar's No. 1

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

21  
0  
0

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Brunswick "Rural"  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Brunswick "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

MARY MA. DEAN

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 Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 1st 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington Co. Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housework

MOTHER FATHER { 12. Name James Maxwell  
13. Birthplace Dont Know (City, town, or county) (State or foreign country)  
14. Maiden name Dont Know  
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mary Davis  
(b) Address Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Keytesville, Mo.

18. (a) Signature of funeral director L. W. McNeill  
(b) Address Brunswick, Mo.

19. (a) Jan 14 1942 (b) J. L. Swain (Registrar's signature)  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec 26 1941, to Jan 11 1942

that I last saw him alive on Jan 11 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration \_\_\_\_\_

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830 Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ Underlines 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? \_\_\_\_\_ Means of injury U

23. Signature J. W. Harkins M.D. (M. D. or other) \_\_\_\_\_  
Address Delaware miss Date signed 1/14/42

**RECEIVED**

District Health Officer No. 8,

District File Number .....

Date Filed 2-12-42

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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 L. M. Heisel

Licensed Embalmer No. 823

P. O. Address Brunswick

**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, above space should be left blank.