

FEB 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2340
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison Registration District No. 334
(b) Township _____ Primary Registration District No. 4197 Registered No. 6
(c) City Bethany (d) Street No. 11 Bethany Hospital & Clinic St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred W. Maise
(a) Residence, No. Bethany Harrison Co. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emadean Maise
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1917
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Bethany, Mo. (STATE OR COUNTRY) Harrison Co. Mo.
13. NAME Frank Maise
14. BIRTHPLACE (CITY OR TOWN) Bethany, Mo. (STATE OR COUNTRY) Harrison Co. Mo.
15. MAIDEN NAME Essie Clark
16. BIRTHPLACE (CITY OR TOWN) Butler, Mo. (STATE OR COUNTRY) Harrison Co. Mo.

17. INFORMANT Emadean Maise (ADDRESS) Bethany Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery DATE Jan 27, 1942

19. FUNERAL DIRECTOR (NAME) Joe E. Wheeler (ADDRESS) Bethany Mo.
20. FILED 1/30 1942 Zola M. Burris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1942
22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1942 to Jan. 26, 1942
I last saw him alive on Jan 26, 1942. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

Second and third degree burns of entire body
Date of onset 1-26-42
Other contributory causes of importance: Shock from burns

Name of operation: None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Date of injury Jan. 26, 1942
Where did injury occur? 3 mi. N. Pattonburg on U.S. 69 (Specify city or town, county, and State)
Specify whether injury occurred in highway, in home, or in public place. 131
Manner of injury Accident
Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Driver of oil truck which wrecked
(Signed) R. R. Lyden, Jr., M. D.
(Address) Bethany, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

FEB 26 1942

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..... *Joe E. Wheeler*.....
Licensed Embalmer No. *3512*.....
P. O. Address *Bethany 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, above space should be left blank.