

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2428 Wall Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAUDE E. MAXSON

3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. C. Maxson
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 26, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>1</u>	hr. _____ min.

9. Birthplace Ottawa, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Joseph Marsh
13. Birthplace Dewitt Co., Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Woods
15. Birthplace Chelsea, Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. C. Maxson
(b) Address 2428 Wall St., Joplin, Mo.

17. (a) Removal (b) Date thereof March 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address Joplin, Missouri

19. (a) 2-27-42 (b) Arthur S. Schaller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2428 Wall Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1942 hour 2:15 A. Minute _____ M.

21. I hereby certify that I attended the deceased from 2-11-38
2-27 to 2-11 1942
that I last saw her alive on 2-10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch Myocarditis
Ch Arteriosclerotic Nephros
Due to _____
Due to _____

Duration
5 yr
2 yr

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

Major findings:
Of operations 131a
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)
(c) Manner of injury _____
23. Signature [Signature] (M. D. or other) MW
Address _____ Date signed 2/27/42

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

49
2
5

42-2-150

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.