

FILED MAR 23 1942

Registration District No. 2

Primary Registration District No. 6100

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Elk 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 _____
In this community 16 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry A Maulding

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion Ellen Maulding 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Hamilton Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Dorvel Maulding
13. Birthplace Hamilton Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Sarah Mauley
15. Birthplace Gatlin Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Marion Ellen Maulding

(b) Address Parma Mo R#1

17. (a) Burial (b) Date thereof Mar 10, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Bennie Mo

(b) Address _____

19. (a) 3-9-1942 (b) Carrie Miller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard Mo
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Parma R#1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8th year 1942 hour 12:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-5-42, 19____, to 3-8-42, 19____; that I last saw him alive on 3-8-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Li
23. Signature [Signature] (M. D. or other) _____
Address Parma Mo Date signed 3/9/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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RECEIVED
District Health Office No. 2,
District File Number 3427368
Date Filed 3/12/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.