

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 24 1942/9

Registration District No. ....

Primary Registration District No. 582-14370

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Clearmont mo  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 Years  
In this community 64 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Rural Near Clearmont  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Mary Anna Maxwell

3. (b) If veteran, name war: ..... 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive 20 years (Day) (Year)

7. Birth date of deceased: June (Month) 18 (Day) 1877 (Year)  
8. AGE: Years 64 Months 8 Days 9 If less than one day hr. min.

9. Birthplace: Page County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: .....

MOTHER FATHER { 12. Name John W. Maxwell  
13. Birthplace Savannah (City, town, or county) Mo. (State or foreign country)  
14. Maiden name Mary Townsend  
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. F. Maxwell  
(b) Address Clearmont Mo

17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof May 3-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Shaver Cemetery Near Braddyville

18. (a) Signature of funeral director Zadie D. Walker

(b) Address Clearmont Mo

19. (a) 3/12/42 (Date received local registrar) (b) W. B. Humphrey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 0 0 15 1942 to 3/1 1942  
that I last saw him alive on 2/27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chr Endo carditis  
Chr Myo carditis  
Due to Chr cholecystitis  
Due to C. Featherson's

Duration  
?  
?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 126  
Of autopsy none

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) (Specify type of injury)

23. Signature J. F. Maxwell (M. D. or R. N.)  
Address Clearmont Mo Date signed 3/3/42

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

74  
0  
0

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jesse D. Walker

Licensed Embalmer No. 21576 Ja

P. O. Address Clearwater Fla

**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.**