V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3554~~ 3019

14533

State File No.

Registrar's No. 90

48
4
4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1331 N Main str. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home (Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1331 N Main St 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Hulda Maymond

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) ~~Single~~, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jefferson Maymond

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 5 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	26	hr. min.

9. Birthplace Nebraska City (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name John Augusta Moelle 11
13. Birthplace Dont Know (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know ~~Sweden~~ 1
15. Birthplace ~~Dont Know~~ (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs Charles Bailey

(b) Address Anabel Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5-42 (Month) (Day) (Year)
ANABEL MO.

(c) Place: burial or cremation Bethel Church Cemetery

18. (a) Signature of funeral director Otto E Mitchell

(b) Address 310 N. Main St Independence Mo

19. (a) 4-3-1942 (Date received local registrar) (b) James W Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 1, 1942 to April 1, 1942
that I last saw her alive on April 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hours

Due to Cardiovascular renal disease c̄ Hypertension — do not know

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Allen (M. D. or other) M.D.
Address Independence, Mo. Date signed 4-2-42

(Licensed Embalmer's Statement on Reverse Side)

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 Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.