

FILED JUN 18 1942
Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1306 North 22nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days) 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 North 22nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elvis Perry Maupin

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. None

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Maupin 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 6 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 4 hr. min.

9. Birthplace Denver Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business County Court

12. Name Perry Maupin
13. Birthplace Madison County Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emily Cadle
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jack B. Maupin
(b) Address 1306 No. 22nd St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-13-1942
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 5-12-42 (b) Roe Juyog
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th.
year 1942 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from
Apr. 27 1942 to May 8 1942
that I last saw him alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Coronary Thrombosis
Due to Arterio Sclerotic heart disease

Due to Arterio Sclerosis general?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94 a
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) (e) Means of injury

23. Signature H. W. Cole M.D. (M. D. or other)
Address 301 1st St. Bldg. Date signed 5/11/42

JUN 23 1942

JUN 18 1942

W. C. W. C.

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 *Geo E Daniel*

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.