

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21211

State File No. _____

FILED JUL 16 1942
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 482

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether
 In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County GREENE 39
 (c) City or town SPRINGFIELD 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 1913 W. Scott
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DARRELL GENE MAPLES
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1942 hour 8:15 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive 19 years
 (Day) (Year)

21. I hereby certify that I attended the deceased from June 19, 1942 to June 28, 1942
 that I last saw him alive on June 28, 1942
 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death
Toxemia

9. Birthplace SPRINGFIELD MISSOURI
(City, town, or county) (State or foreign country)

Due to Congenital Spina Bifida 9 days
Club Feet
 Due to Hydrocephalus

10. Usual occupation Infant
 11. Industry or business In Home

Other conditions 1576
(Include pregnancy within 5 months of death)

MOTHER FATHER
 12. Name EARL MAPLES
 13. Birthplace STONE CO. MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name LEMA NORENE DALEY
 15. Birthplace CHRISTIAN CO. MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: None
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. EARL MAPLES
 (b) Address 1913 W. SCOTT

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

18. (a) Signature of funeral director J. W. Plinger & Co
 (b) Address Commercial Street, Mo
 19. (a) 6/29/42 (b) D. W. Handy
(Date received by registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. Newton Wainwright (M. D. or other) D
 Address Springfield, Mo Date signed 6-29-42

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

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Sped

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.

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