

FILED OCT 9 1942

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **140**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Marionville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **All his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Marionville** (If outside city or town limits, write "RURAL") **2**  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country.

3. (a) PRINT FULL NAME

**Cecil Alva Maul**

3. (b) If veteran, name war.

3. (c) Social Security No. **500-07-9046**

4. Sex **M**

5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**

(b) Name of husband or wife **Dorothy Heightman Maul** (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **July 21 1908**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **1** Days **20**  
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Alva Morris Maul**

13. Birthplace **Savannah Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Ethel Wilkinson**

15. Birthplace **Platt City Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy Maul**

(b) Address **526 West 1st Marionville Mo.**

17. (a) **Burial** (b) Date thereof **9-19-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Cemetery**

18. (a) Signature of funeral director **Samuel Funeral Home**

(b) Address **957 South Main Marionville Mo.**

19. (a) **Sept. 12 1942** (b) **Mary Cole**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**  
year **1942** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from 19... to 19...;

that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: **Skull fracture, fracture of tibia & fibula, abdominal injuries**

Due to **Internal bleed & abdominal injuries**

Due to **MOC-6**

Other conditions: (Include pregnancy within 3 months of death) **2/2**

Major findings: Of operations: **Cranial Inquest**

Of autopsy: **Cranial Inquest**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Sept. 11, 1942**

(c) Where did injury occur? **Marionville Nodaway Mo.**  
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Highway 1/4 mile east of Marionville**  
(Specify type of place) (e) Means of injury **Automobile**

While at work? **W.R. Fisher** (M. D. or other) **Dr. Wick**

23. Signature **W.R. Fisher** (M. D. or other) **Dr. Wick**

Address **Marionville Mo.** Date signed **9-14-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
2-1

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.....

*William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Manville 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.