

Filed NOV 11 1942

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **258**

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

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Steverson**

(c) Name of hospital or institution **Green & Smith Hospital**

(d) Length of stay: In hospital or institution **2 Days 1 1/2 hrs**

In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lynn**

(c) City or town **Rockyford**

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Beverly Maybelle Maupin**

3. (b) If veteran, name war 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6** year **1942** hour **2** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Oct 4** 1942 to **Oct 6** 1942 that I last saw **her** alive on **Oct 5** 1942 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased **June 10 - 1927**

Immediate cause of death **Gastritis Acute Hemorrhagic 5d**

Duration _____

8. AGE: Years **4** Months **3** Days **27** If less than one day hr. _____ min. _____

Due to **unknown**

Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: **118.3**

Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER

12. Name **Beverly Maupin**

13. Birthplace **MO**

14. Maiden name **Etienne Thibault**

15. Birthplace **MO**

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Wesley Maupin**

(b) Address **Purdin, Mo.**

17. (a) **Burial** (b) Date thereof **10/8/42**

(c) Place: burial or cremation **Oak Ridge**

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? _____

18. (a) Signature of funeral director **E. D. Smith**

(b) Address **Blairsville, Mo**

19. (a) **Oct 6 1942** (b) **Mrs. J. P. Wagner**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. D. Smith** (M. D. or other) _____

Address **Blairsville, Mo** Date signed **10/6/42**

RECEIVED

District Health Officer No. 10

District File Number 11-42-2029

Date Filed NOV - 9 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.