

S. No. 2
M-9-4-41
Rev. 5-17-39
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33802

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942
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Registration District No.

Primary Registration District No. 3022

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Wood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1x yrs
(Specify whether years, months or days)

In this community about 1x yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies

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

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

(e) Citizen of foreign country? / (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Ida H. Maxwell

3. (b) If veteran, name war.

3. (c) Social Security No.

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

6. (b) Name of husband or wife P.A. Maxwell 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 24 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joseph W Crum

{ 13. Birthplace Ky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Frances Moss

{ 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant P.A. Maxwell

(b) Address Pattonburg Mo

17. (a) Burial (b) Body stopped Moore City
(Burial, cremation, or removal) (Date of removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore City Mo

18. (a) Signature of funeral director L. R. Knight

(b) Address Pattonburg Mo

19. (a) Oct 8 - 1942 (b) Ida H. Maxwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1942 hour 1 minute 6 A. M.

21. I hereby certify that I attended the deceased from 1-30-41
19... to 10-7- 1942
that I last saw her alive on 10-6-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial aneurysm 2 yrs

Due to

Due to

Other conditions 13a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

(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 J

23. Signature L. R. Knight (M. D. or other) Mo

Address Pattonburg Mo Date signed 10-7-42

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

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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..... *E. S. Gromer*.....

Licensed Embalmer No. *2857*.....

P. O. Address..... *Pattonsburg 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.