

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
**FILED DEC 12 1942 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. 96

Registration District No. 2 Primary Registration District No. 5019

**1. PLACE OF DEATH:**  
 (a) County Andrew  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: U.S. Hi-Way #169 Near Rochester, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community Driving on hi-way

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State IOWA (b) County Ringgold  
 (c) City or town Delphos  
(If outside city or town limits, write "RURAL")  
 Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 2

**3. (a) PRINT FULL NAME** Harvey Kenneth Maudlin  
 (b) If veteran, name war None (c) Social Security No. ?

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 11  
 year 1942 hour 8 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from the body  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw ~~him~~ her alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 9  
 6. (b) Name of husband or wife Aileen Potter Maudlin 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased Oct. 22, 1908  
(Month) (Day) (Year)

Immediate cause of death  
Skull fracture  
Internal injuries  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 170e-6

8. AGE: Years Months Days If less than one day  
34 0 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Allendale Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Trucker  
 11. Industry or business ?

Major findings:  
 Of operations 3  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name Harve Maudlin  
 13. Birthplace Kingman City Kansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Stella Maude Moler  
 15. Birthplace Redding Iowa  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Prugh Funeral Home  
 (b) Address Grant City, Missouri  
 17. (a) Removal (b) Date thereof Nov. 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Grant City, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence Nov 11 1942  
 (c) Where did injury occur? Andrew Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. Highway 169  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury Automobile accident

18. (a) Signature of funeral director Norman H. Anderson  
 (b) Address 1802 Union Str., St. Joseph, Mo.  
 19. (a) 11-12-42 (b) F.A. Fitchman  
(Date received local registrar) (Registrar's signature)

23. Signature Clifford L. Stridley (M. D. or other) do.  
 Address Delphos, Mo. Date signed 11/11/42

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

MOTHER FATHER

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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 John G. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.**