

Rev. 5-17-39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

37478

Registration District No. 184 Primary Registration District No. 3039

1. PLACE OF DEATH:  
 (a) County Lincoln  
 (b) City or town Marceline  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 41 yrs. years, months or days

3. (a) PRINT FULL NAME Rosalee Cornwell Maupin  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced 2 widowed  
 6. (b) Name of husband or wife Wm A Maupin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 25 1860  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown

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

14. Maiden name " 15. Birthplace "  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Seal

(b) Address Dodge City Kansas

17. (a) Burial (b) Date thereof Nov 22 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olive

18. (a) Signature of funeral director JAMES MAUGHLEN

(b) Address Marceline Mo

19. (a) 11-21-1942 (b) W W Coman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Lincoln  
 (c) City or town Marceline  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. W. Coleman  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 19 1942  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Aug 15 1942 to Nov 19 1942  
 that I last saw him alive on Nov 18 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Cancer of the liver 6 mo?  
 Due to (Type not determined here)  
deceased in a patient at Ellis  
Federal Hosp., Columbia, Mo)  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: H&F  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John W. Aiken (M. D. or other) \_\_\_\_\_  
 Address Marceline Mo. Date signed 11/19/42

JUL 24 1944

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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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marsden, 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, above space should be left blank.**