

FILED DEC. 5 1942
Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Nellsville Mo
(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 _____ years, months or days 2 1 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Nellsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1942 hour 12 minute 10 9 M.

21. I hereby certify that I attended the deceased from _____
12, 1942, to Nov 12, 1942
that I last saw him alive on _____, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to _____

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

Major findings: _____
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)
(c) Means of injury _____

23. Signature W. A. Walls (M.D. or other) W. A. Walls
Address Nellsville Date signed 12-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Eddie Belle Maper

8. (b) If veteran, name ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife James Maper 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 5 - 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business James Maper

12. Name William S. Kultz

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

14. Maiden name Virginia Webb

15. Birthplace Whitehall, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Maper

(b) Address Nellsville Mo.

17. (a) Burial (b) Date thereof Nov 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Nellsville, Mo.

18. (a) Signature of funeral directors W. A. Walls

(b) Address Nellsville Mo.

19. (a) Nov 16 (b) Mrs. Virgie Norton
(Date received local registrar) (Registrar's signature)

OCT 19 1953

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 an The
12 May of Nov 1942, Registered Apprentice No. _____,
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 1487
P. O. Address Montgomery City 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.