

7. S. No. 2
FORM 5-42
Rev. 5-17-39
X32873

38264

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1942 334

Primary Registration District No. 449

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Birch Tree, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)

In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Birch Tree, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harrison L Maxey

3. (b) If veteran, name war NO

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24th
year 1942 hour 7 minute P M.

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

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

7. Birth date of deceased July 28th 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug - 1942 to Nov - 7 - 1942
that I last saw h. alive on Nov - 7 - 1942
and that death occurred on the day and hour stated above.

8. AGE: Years 37 Months _____ Days _____ If less than one day
hr. _____ min. _____

Immediate cause of death Cerebral appoplexy =
Due to arterial degeneration

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

10. Usual occupation Farming

Due to _____

Other conditions 1/30!
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name Peter maxy

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

14. Maiden name Erie Crowder

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

Major findings: 1/30!
Of operations.....

Of autopsy.....

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Marion Rymers

(b) Address Birch Tree, Mo

17. (a) Burial (b) Date thereof Nov 25th 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montier Cemetery

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.....

(b) Address Mountain View, Mo

19. (a) 11-22-42 (b) Frank Hyde
(Date received local registrar) (Registrar's signature)

While at work CR (Specify type of place) (e) Means of injury.....

23. Signature Frank Hyde (M. D. or other) 1/26-42
Address Mountain View, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

101
00

RECEIVED

District Health Officer No. 5,

District File No. 12421065.

Date Filed 12-14-42

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 me
Not Embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed John J. Ahman

Licensed Embalmer No. 2516

P. O. Address W. H. Green Chgo

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.