

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40511**

FILED JAN 11 1943

Registration District No. **7743**

Primary Registration District No. **3012**

Registrar's No. **181**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 days**
(Specify whether
In this community **26 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2825 W. Pine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **/**

3. (a) PRINT FULL NAME

James Maultsby

(b) If veteran, name war **World War I**

(c) Social Security No. **Yes, not remembered**

4. Sex **Male**
5. Color or race **Colored**

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 **September 19, 1889**
(Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **10**
If less than one day hr. min.

9. Birthplace **Florida ?** **Florida /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **unknown**

12. Name **Richard Maultsby**

13. Birthplace **?** **North Carolina /**
(City, town, or county) (State or foreign country)

14. Maiden name **Abbie Scriven**

15. Birthplace **?** **South Carolina /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital records, Veterans Admin**

(b) Address **tration, Excelsior Springs, Mo.**

17. (a) **Removal** (b) Date thereof **11-30-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wadsworth, Kansas**

18. (a) Signature of funeral director **Claude Prichard, Undertaker**

(b) Address **Excelsior Springs, Missouri**

19. (a) **11-30-42** (b) **Miss Ladi Redman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29th**
1942 hour **10:15 P.** M.

21. I hereby certify that I attended the deceased from **November 4**, 19**42** to **November 29**, 19**42**;
that I last saw him alive on **November 29**, 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Massive Embolism, pulmonary artery** **6 hrs.**
Duration approx.

xxx Tuberculosis, pulmonary, chronic far advanced, active **unknown**

Due to **13 fl**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **As shown above**

Of autopsy **As shown above**

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? **--**

(Specify type of place) While at work? **Yes** Means of injury **10**

23. Signature **FORREST G. BELL** (M. D. or other) **M.D.**
Address **Veterans Administration** Date signed **11-30-42**

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

24

[Handwritten signature]

100
17
9

6 hrs.

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

42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-2-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.