

FILED FEB 10 1943

Registration District No. 2043 Primary Registration District No. 2053-5942 Registrar's No. 21-11

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla, Route No. 2
(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.....
 In this community Life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps
 (c) City or town Rolla Route No. 2
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? Yes No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Martha Jane Maxwell
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 24
 year 1943 hour 3 minute A M.

4. Sex Female 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas Maxwell 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased August 10, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... to.....
 that I last saw him alive on January 24, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 5 14 hr. min.

Immediate cause of death Cancer of lower bowels. Lower bowels had been removed several months ago at Cancer Hospital Columbia Mo.
 Duration 1 Year

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

Due to.....
 Other conditions (include pregnancy within 3 months of death).....
 Major findings: Cancer
 Of operations.....
 Of autopsy no

10. Usual occupation Housewife
 11. Industry or business.....
 12. Name William Brim
 13. Birthplace Missouri
 14. Maiden name Linda Overlease
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Thomas Maxwell
 (b) Address Rolla Mo., Route 2
 17. (a) Burial (b) Date thereof Jan. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wynn Cemetery
 18. (a) Signature of funeral director Null & Son Funerak Home
 (b) Address 508 West 8th St.
 19. (a) Jan. 26, 1943 Kella Hacker
(Date received local registrar) (Registrar's signature)

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 Phelps Co
 23. Signature R. S. Null Phelps Co
(City or town) (County) (State)
 Address Rolla, Mo. 21-26-43
(City or town) (County) (State)
 Date signed.....

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

MOTHER FATHER

APR 28 1947

FEB 6 1947

JAN 13 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.