No. 2
—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7149

State File No.

FILED MAR 6 1943

Registration District No. 255

Primary Registration District No. 6877

Registrar's No. 54

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Alton Piney Twsp.
(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 years, months or days)
In this community 49 years

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

3. (a) PRINT FULL NAME Pink C. Mauldin

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Gage

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January (Month) 17 (Day) 1871 (Year)

8. AGE: Years 72 Months - Days 3 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER
12. Name John Mauldin
13. Birthplace Alton (City, town, or county) Missouri (State or foreign country)
14. Maiden name Caroline Yandle
15. Birthplace Alton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. H. B. Soden
(b) Address Potwin, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cem.

18. (a) Signature of funeral director
(b) Address Thayer, Mo.

19. (a) 7-28-1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 20, 1943, to Jan. 20, 1943; that I last saw him alive on Jan. 20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 10 hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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? (e) Means of injury

23. Signature S. W. Hilton (M. D. or other)
Address Alton, Mo. Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

Hilton

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.

S. No. 2B
M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7149

Registration District No. ..... Primary Registration District No. 5877 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Alton
(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 years, months or days)
In this community: 49

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

3. (a) PRINT FULL NAME: Pink C Mauldin
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan 17 - 187 (Month) (Day) (Year)
8. AGE: Years 72 Months — Days ..... If less than one day: ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
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 .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director: No funeral director
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY