

5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15732

FILED MAY 10 1943

State File No.

Registrar's No. 37

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1002 So Colleger
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carl Maus

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 14 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 13 hr. min.

9. Birthplace Pinegrove County Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____
 12. Name John K. Maus
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant J. D. Thorburn
 (b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Apr 29 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Spell City Cemetery

18. (a) Signature of funeral director Allen H. Hays
 (b) Address Nevada Mo.

19. (a) 4-27-43 (b) Dezal B. Beach
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
 year 1943 hour 8 minute 20 p.m.

21. I hereby certify that I attended the deceased from March 1 1942 to April 26 1943
 that I last saw him alive on April 24th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary artery disease
 Due to arterio sclerosis

Other conditions 93d
 (Include 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)
 (e) Means of injury _____

23. Signature J. M. Hahn (M. D. or other) _____
 Address Nevada Mo. Date signed 4/27/43

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

4-43-202

5-7-43

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

Allen J. Cairns

Licensed Embalmer No. 1968

P. O. Address. Nevada, 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.