No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17683

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 101

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Lafayette,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Grace M. Maples
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Denver Maples
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased ~~Belle Mo.~~ July 3, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Belle, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name M. J. Johnson
13. Birthplace Belle, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name E. Robertson
15. Birthplace Belle, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Denver Maples
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director Victor Bieschen
(b) Address Jefferson City, Mo.
19. (a) 5-17-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 8, 1942 to May 15, 1943 that I last saw her alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast

Due to

Due to

Other conditions Mild Glosses in Lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 50

Duration

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 L. J. Taylor M.D. (M. D. or other)
Address Jefferson City Date signed 5-15-43

894 (Licensed Embalmer's Statement on Reverse Side)

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address JC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.