

S. No. 2
1-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1948
Registration District No. 133

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17964
State File No. _____
Registrar's No. 47

Primary Registration District No. 3022

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

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany Rural
(c) Name of hospital or institution: Bethany Hospital
(d) Length of stay: 1 yr
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Bethany Rural 0
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____ 0

3. (a) PRINT FULL NAME: Harlan Thomas Maize
3. (b) If veteran, name war: -
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 27
year 1943 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from 4-1-42
1942 to 4-27 1943
that I last saw him alive on 4-27 1943
and that death occurred on the date and hour stated above.

4. Sex: M. 5. Color or race: White
6. (a) Single, widowed, married, divorced: 1 divorced married
6. (b) Name of husband or wife: Hazel Maize
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: 9-12-1866
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion
Duration _____

8. AGE: Years Months Days If less than one day
76 7 15 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death): 9/4

9. Birthplace: Harrison Co. Mo. 0
10. Usual occupation: Farmer
11. Industry or business: Stock raising
12. Name: John P. Maize
13. Birthplace: Kentucky
14. Maiden name: Rachel Flint
15. Birthplace: Do not know

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Rachael McClure
(b) Address: Bethany, Mo.
17. (a) Burial (b) Date thereof: May 15, 1943
(c) Place: burial or cremation: Coffey Cemetery
18. (a) Signature of funeral director: John P. Maize
(b) Address: Bethany Mo
19. (a) May 15, 1943 (b) John M. Burris
(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? _____
(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. P. Ladd (M. D. or other)
Address: Bethany, Mo. Date signed: 5-11-43

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.....

W B Haas

Licensed Embalmer No.....

3899

P. O. Address.....

Bethany 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.