

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
18802

FILED JUN 10 1943

1. PLACE OF DEATH

(a) County Randolph Registration District No. 294
 (b) Township _____ Primary Registration District No. 3054
 (c) City Moberly (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 201 James St. Moberly, Mo. St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Gunn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/22/1878
 7. AGE YEARS 63 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

13. NAME John Maupin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME May Maupin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Charles T. Tydings

18. BURIAL, CREMATION, OR REMOVAL PLACE Democratic Center DATE May 26, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Theresa Thompson

20. FILED 5/24, 1943 Irma Kave Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1943
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1943, to May 20, 1943
 I last saw her alive on May 23, 1943 Death is said to have occurred on the date stated above, at 4A m.
 The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Coronary Sclerosis
Hypertension

Date of onset 2 Mo
unknown

Other contributory causes of importance:
Chr Int Nephritis
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. G. Griffith, M. D.
 (Address) Moberly, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50X-9-19 I X (18805)

RECEIVED

District Health Officer No. 10

District File Number 6-43-1019

Date Filed JUN 8 1943

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 Fred G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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, above space should be left blank.