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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

25681

State File No. ....

WED AUG 9 1943  
255  
Registration District No. ....

Primary Registration District No. 4387

Registrar's No. 69

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Alton Piny-Twp.  
(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.....  
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon  
(c) City or town Alton  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Tom 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 Liza Warren 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased March 17 1857 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 12 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business  
MOTHER FATHER { 12. Name John Mauldin  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Tishia Hollis

(b) Address Thayer, Mo.

17. (a) (Burial, cremation, or removal) Bailey Cem. (b) Date thereof 7/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bailey Cem.

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo.

19. (a) 7/20 1943 (b) Thayer, Mo. (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1943 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 20 1943 to June 29 1943 that I last saw him alive on June 29 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Duration 2 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations  
Of autopsy

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? While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. P. Hillier (M. D. or other)

Address Alton, Mo. Date signed 7/1/43

Alton

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**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.**