

FILED NOV 18 1943

Registration District No.

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wells-Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 502 South 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Paul Henry Maize

3. (b) If veteran, name war
3. (c) Social Security No. 486-12-7553

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Thompson Maize 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Kirkville Mo (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Employee

11. Industry or business

12. Name Eph Maize

13. Birthplace Schuyler County Mo (City, town, or county) (State or foreign country)

14. Maiden name Millie Moore

15. Birthplace X Mo (City, town, or county) (State or foreign country)

16. (a) Informant Henry Maize
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 11-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cent.

18. (a) Signature of funeral director [Signature]
(b) Address Kirkville, Mo.

19. (a) 11/1/43 (b) Ms. J. L. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound by his own hands

Due to
Due to

Other conditions (include pregnancy within 3 months of death) 164C

Major findings: Of operations
Of autopsy

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) suicide
(b) Date of occurrence Oct. 29, 1943
(c) Where did injury occur? Father's home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fupulle Mo.
While at work? No (Specify type of place) (e) Means of injury gun

23. Signature W. L. Summers (M. D. or other)
Address Kirkville Mo Date signed 11/2/43

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

MOTHER FATHER

1649

JAN 12 1944

RECEIVED

District Health Officer No. 10

District File Number 11-43-1862

Date Filed NOV 16 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 J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.