

S. No. 2
DM-542
v. 5-17-39
PI X32873

43800

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 10 1944
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 412

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South East Mo. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community Entire life 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles west Gordonville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John W. Maag

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1943 hour 11:43 minute 0 A.M.

21. I hereby certify that I attended the deceased from
Dec. 20th 1943 to Dec. 23 1943
that I last saw him alive on Dec 23 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Minnie T. Maag

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 26 1864
(Month) (Day) (Year)

Immediate cause of death Surgical shock Duration 2 1/2 hours

Due to Amputation of right hand

Due to Cancer of hand

8. AGE: Years Months Days If less than one day

79 10 27 hr. ✓ min.

9. Birthplace Near Gordonville Mo. O
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 552

Of autopsy.....

PHYSICIAN —
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER {

12. Name Edward Maag

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Stephanie

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant August Maag

(b) Address Jackson, Neb.

17. (a) Burial (b) Date thereof 12-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tiffin, Mo.

18. (a) Signature of funeral director W. C. Cravats

(b) Address Jackson, Mo.

19. (a) 12-29-43 (b) F. W. Phelps
(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? (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? (c) Means of injury.....

23. Signature W. B. Schulz (M. D. or other) ✓
Address Cape Girardeau, Mo. Date signed 12/26/43

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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 Thomas W. Allen

Licensed Embalmer No. 40565

P. O. Address Jackson

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.