

No. 2
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5-17-39
X35957

FILED JAN 3 1944
Registration District No. **1312**

Primary Registration District No. **8-0-46 5796** Registrar's No. **132**

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

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **California Walker Farm**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moniteau County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 1941**
(Specify whether years, months or days) **2 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Clarksburg**
(If outside city or town limits, write "RURAL.")
(d) Street No. **None**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Ida M. Maxey**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **August, 15th, 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **3** Days **17** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **David Maxey**

13. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Leona Fain**

15. Birthplace **Moniteau County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Less Fain**
(b) Address **Clarksburg, Mo.**

17. (a) **Removal** (b) Date thereof **11/3/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksburg, Mo.**

18. (a) Signature of funeral director **James E. Richard**

(b) Address **Tipton, Mo.**

19. (a) **12-6-43** (b) **H. J. Galley**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3rd** year **1943** hour **3** minute **43** A. M.
21. I hereby certify that I attended the deceased from **July 1943** to **Nov. 30 1943**
that I last saw her alive on **Nov 30 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **6 mo.**

Due to **Hypostatic pneumonia bilateral, base of both lungs** 6 days

Other conditions **930**

Major findings: Of operations **930** Of autopsy **930** PHYSICIAN **930**
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) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? (City or town) (County) (State) **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? (Specify type of place) (e) Means of injury **None**

23. Signature **Keynon Latham** (M. D. or other) **None**
Address **California, Mo.** Date signed **12-3-43**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Jennell E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton me

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.