

FILED MAR 8 3 1944

Primary Registration District No. 4499

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community since 1895 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rice Graves Maupin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex DM 5. Color or race W

6. (a) Single, widowed, married. 2 divorced

6. (b) Name of husband or wife Emma Francis 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug 21 1857
(Month) (Day) (Year)

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

86 5 18 hr. min.

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

10. Usual occupation Attorney

11. Industry or business

12. Name William Maupin

13. Birthplace Missouri Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Maupin

15. Birthplace Missouri Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rice Maupin

(b) Address Shelbina mo

17. (a) (Burial, cremation, etc.) (b) Date thereof Feb 11, 44
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina mo

18. (a) Signature of funeral director E Hayes

(b) Address Shelbina mo

19. (a) Mar 4 1944 (b) Madge Gosch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1944 hour 6 minute 1 M.

21. I hereby certify that I attended the deceased from Feb 1
1944 to Feb 9 1944
that I last saw him alive on Feb 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 9 da

Due to.....

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106

Of autopsy.....

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 2

23. Signature D L Simpson (M.D. or nurse) DP
Address Shelbina Mo Date signed Feb 26 1944

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-44-459

Date Filed MAR 7 1944

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..... E. Hayes
Licensed Embalmer No. 1437
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.