

FILED MAY 11 1944

Registration District No. 249

Primary Registration District No. 5846

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Burlington Junction (Lincoln)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 1/2 miles N.W. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clark Cook Maines

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: October 4 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Cass Maines

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

14. Maiden name Betty Bailey

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

16. (a) Informant Burlington Junction Mo.  
(b) Address burial

17. (a) (Burial, cremation, or removal) Ohio cemetery (b) Date thereof 4-28-44  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Pricc Funeral Home  
(b) Address Marionville, Mo.

19. (a) Apr 28 1944 (b) Mrs. W. E. Carpenter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway  
(c) City or town Burlington Junction (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 miles N.W. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28- 23  
1944 Month \_\_\_\_\_ day \_\_\_\_\_  
year \_\_\_\_\_ hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to \_\_\_\_\_

Due to g/a

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Cerebral Inquest

Duration

Sudden

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) \_\_\_\_\_

(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 W. R. Jackson (M. D. or other) \_\_\_\_\_

Address Marionville Date signed 4-28-44

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

**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

*Fred Clem M. Price*

Licensed Embalmer No.

*1822*

P. O. Address

*Maryville, Y*

**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.**