V. S. No. 2
OM—2-43
Rev. 5-17-39
I- X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24980

Registration District No. 161 Primary Registration District No. 5594 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson.

(b) City or town Rural Meramec Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hill Infirmary Eureka (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo - 3 days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural 50 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James C. Maupin

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mabel King

6. (c) Age of husband or wife if alive YES 54 years

7. Birth date of deceased Nov (Month) 19 (Day) 1878 (Year)

8. AGE: Years 65 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Washington Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business as above

FATHER
12. Name James Joseph Maupin
13. Birthplace Washington Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Crowder
15. Birthplace Washington Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Brother Patrick O'S
(b) Address St Joseph's Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto Hoa
(b) Address Washington

19. (a) 7/9/44 (Date received local registrar) (b) J A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6 day 6 — year 1944 hour 8:30 minute 8:30 P.M.

21. I hereby certify that I attended the deceased from January 5, 1944, to July 6, 1944 that I last saw him alive on July 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John L. Marder 0 (M. D. or other)

Address 3155 No Vandeventer Date signed 7/6/44

(Licensed Embalmer's Statement on Reverse Side) St Louis

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 8-10-44

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.....

Licensed Embalmer No. 2464

P. O. Address Washington 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.