

FILED DEC 15 1944

State File No. _____

Registration District No. 56

Primary Registration District No. 5118

Registrar's No. 5-

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rosheport (Rural) Mo. Supp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rosheport
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Christopher Maxwell
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 19th
year 1944 hour 1:20 minute A M.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Mary Edna Maxwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 1st 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1944 to Nov 19 1944
that I last saw him alive on Nov 15 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

8. AGE: Years 84 Months 9 Days 18
If less than one day hr. min.

Other conditions _____
(Include pregnancy within 3 months of death)
Due to Intermittent fever for 8 days

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)
Due to _____

MOTHER FATHER

11. Industry or business _____
12. Name J. W. Wallace
13. Birthplace Dart Knov Mo
(City, town, or county) (State or foreign country)
14. Maiden name Boggs
15. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

Major findings: 93 d
Of operations _____
Of autopsy _____

16. (a) Informant Ed. B. Maxwell
(b) Address Rosheport Mo

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)

17. (a) Burial (b) Date thereof Nov 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cem
18. (a) Signature of funeral director R. O. Russell
(b) Address _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 12-2-1944 (b) Ms Betty Crane
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Russell (M. D. or other)
Address Rosheport Mo Date signed _____

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

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JUN 14 1951

DEC 1 1951

NOV 29 1951

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 12-13-44

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 [Signature]

Licensed Embalmer No. 3183

P. O. Address Columbia 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.