

S. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 13 1945**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Hogg 2238  
State File No. ....  
Registrar's No. 73

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Rural S. Campbell Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Route # 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **52 Years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Rural Spfld.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route # 3, S. Campbell Twshp.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Daisy Lines Maxey**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **23**  
year **1945** hour **9** minute **21 p.m.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Otis C. Maxey**  
6. (c) Age of husband or wife if alive **UNK.** years  
7. Birth date of deceased **March 9, 1875**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3 calls** 19 **Jan 16** 19 **45**  
and that I last saw her alive on **Jan 16** 19 **45**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**69** **10** **14** hr. min.

Immediate cause of death **Carcinoma of bladder & pelvis - 6 yrs**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) **g j b**

9. Birthplace **LaFountaine Kansas**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**  
11. Industry or business

MOTHER FATHER  
12. Name **L.E. Lines**  
13. Birthplace **LaFountaine Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margie Sewell**  
15. Birthplace **UNK. Indiana**  
(City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Otis Maxey**  
(b) Address **Springfield, Mo.**  
17. (a) **Burial** (b) Date thereof **1/26/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Park**  
18. (a) Signature of funeral director **H.H. Lohmeyer**  
(b) Address **Springfield, Mo.**  
19. (a) **1-26-45** (b) **S.W. Handley**  
(Date before local registrar) (Registrar's signature)

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 **Garrett Hogg** (M. D. or other)  
Address **510 Woodruff Bldg.** Date signed **1-24-45**

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

Spfld., Mo.

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**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. *2457*

P. O. Address *Myrtle*

**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.