

FILED FEB 9 1945

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 107

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town RURAL HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COUNTY WELFARE HOME.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days.
(Specify whether _____)
In this community UNKNOWN
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
(c) City or town "RURAL" WILLOW SPRINGS,
(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 _____

3. (a) PRINT FULL NAME MATILDA L. MAXWELL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN MAXWELL 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased OCTOBER 27, 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 18 If less than one day hr. _____ min. _____

9. Birthplace N. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name UNKNOWN
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant JOHN MAXWELL
(b) Address WILLOW SPRINGS, Mo.

17. (a) BURIAL (b) Date thereof Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK LAWN CEM. WEST PLAINS, Mo.

18. (a) Signature of funeral director W. A. Thompson
(b) Address WEST PLAINS, Mo.

19. (a) 12-9-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 15,
year 1944 hour 1: minute 0 A. M.

21. I hereby certify that I attended the deceased from Nov. 3rd.
1944 to Nov. 14 1944
that I last saw her alive on Nov. 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic
changes of
coronary arteries
Due to not known
Due to not known
Other conditions not known
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No 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) (a) Means of injury _____
23. Signature J. M. Bingham (M. D. or other) _____
Address West Plains, Mo. Date signed 12-9-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

600

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123

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number. 145-21

Date Filed 1-16-45

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.....

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address. West Plains, 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.