

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 344

Primary Registration District No. 6164

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Stone

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 yrs.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

(c) City or town Crane
(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 Issac Maples

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Tavie Maples 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 9th, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Dallas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Pleas Maples,

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Troy Hemphill

(b) Address Crane, Mo.

17. (a) burial (b) Date thereof Oct. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) 192943 (b) Scary man
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27, year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 27 1943 to Oct 26 1943 that I last saw him alive on Oct 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive heart disease

Due to hypertension
hypertension

Other conditions 1312
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of 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) (e) Means of injury

23. Signature A.P. Coates M.D. (M. D. or other) _____
Address Crane, Mo. Date signed 10-27-43

Duration

4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
1
0

1174

RECEIVED

District Health Officer No. 6,

District File Number 145-89

Date Filed JAN 17 1945

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clemer 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.