

FILED JAN 25 1945

Registration District No. 346

Primary Registration District No. 6165

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

1. PLACE OF DEATH:

(a) County Stone
(b) City or town rural - Hurley Jungs
(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.....
(Specify whether
In this community 32 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Marionville - Route 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Timothy E. Maples

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased Sept. 10th 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days If less than one day
hr. min.

9. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Noah Maples

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maples

15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Maples

(b) Address Hurley - Mo.

17. (a) burial (b) Date thereof Jan. 11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Crane Mo.

18. (a) Signature of funeral director J. H. Maples

(b) Address Clever - Mo.

19. (a) 1-13-44 (b) Gray Mumber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1944 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of Prostate - 3 yrs.

Due to uremia

Due to Hydrocephalus

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

Major findings:
Of operations..... h/b

Of autopsy.....

Duration
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) (e) Means of injury.....

23. Signature A. P. Smith M.D. (M. D. or other)

Address Crane Mo Date signed 1-11-44

RECEIVED
District Health Officer No. 6,
District File Number 145-109
Date Filed JAN 22 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 JW. Mopler
Licensed Embalmer No. 2985
P. O. Address Clever, 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.