. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5535

Registration District No. 33 — Primary Registration District No. 5116 — Registrar's No. 2

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural - Burbon Twsp -
(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 Life
years, months or days)

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

3. (a) PRINT FULL NAME William Elvin Maiden
3. (b) If veteran, name war —
3. (c) Social Security No. 487-22-4866
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 22 (Day) - 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
39	0	11	..... hr. ..... min.

9. Birthplace BOONE Co (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer -
11. Industry or business .....
FATHER
12. Name Sam Maiden
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ida Sims
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Omer Sword
(b) Address Sturgeon, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb. 6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation UNION CEM.
18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon, Mo.
19. (a) Feb. 5-1945 (Date received local registrar) (b) Mary Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Feby year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Self inflicted gun shot wound	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Feby 2 - 1945
(c) Where did injury occur? Rural - Burbon Twsp (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm - In barn (Specify type of place)
While at work? yes (e) Means of injury Rifle
23. Signature E Sward 2 Coroner (~~M. D. or other~~)
Address Columbia Mo Date signed 2/3/45

1251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-12-45

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.....A E Booth

Licensed Embalmer No.....4087

P. O. Address.....Springfield, 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.