

FILED JAN 25 1945

Primary Registration District No. 305-6

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Monticello  
(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 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. 1026 Franklin St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Geo Mauptin

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

4. Sex Male 5. Color or race oc 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased 9 22 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 27 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) MO (State or foreign country)

10. Usual occupation Palmer

11. Industry or business Wal. R.R.

12. Name unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) MO (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) MO (State or foreign country)

16. (a) Informant R.P. Carr

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/20/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison

18. (a) Signature of funeral director J. J. Carr

(b) Address 317 N. 5th St. Monticello MO

19. (a) Dec 19-45 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17  
year 1945 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec, 1945 to Dec, 1945  
that I last saw him alive on 12-17, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage

Due to Hypertension; Essential

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy JSW

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 J. J. Carr (M. D. or other) DO

Address Monticello MO Date signed 12-18

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

100792

APR 3 1947

MAR 22 1945

JAN 29 1946

RECEIVED

District Health Officer No. 10

District File Number 1-46-20

Date Filed JAN 22 1946

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address 4177 1/2 St

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.