

No. 2
M-5-43
S-17-39
I X3687

FILED MARY 8 1946
Registration District No. **67**

Primary Registration District No. **5273**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - Porter Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian **22**

(c) City or town rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1 **0**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James S. Maples

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1946 hour 2 minute 30 P.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Maples 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 11 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1946 to Jan 18, 1946
that I last saw him alive on Jan 18 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 9 7 hr. _____ min.

Immediate cause of death Heart trouble **same year**

Due to _____

Due to _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

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

Major findings: _____

10. Usual occupation farmer

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Thomas Maples

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

14. Maiden name Fannie Gray

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

16. (a) Informant Robert Maples

(b) Address Rt. 1 - Mo.

17. (a) burial (b) Date thereof Jan 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville Cem

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

(b) Address Clever - Mo.

19. (a) Jan 20, 1946 (b) Mrs. Allie Drier
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature J. T. Hadley (M. D. or other) **0**

Address Porter Mo Date signed 1-21-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

3946

RECEIVED

District Health Officer No. 6;

District File Number 246-210

Date Filed 2-28-46

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. eleven two

P. O. Address 2985

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.