

No. 2
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-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 19 1945 STANDARD CERTIFICATE OF DEATH

State File No. **6134**
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
801 Byers Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Two weeks
years, months or days

3. (a) PRINT FULL NAME Moses Wm. Maples 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 Rosa Maples
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June 20th. 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Licking Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Same

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Maples
(b) Address 801 Byers Joplin Mo.

17. (a) Burial (b) Date thereof 12-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Mrs. J. Teeter
(b) Address Jasper, Mo.
19. (a) _____ (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. Main St. Jasper Mo.
(If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th.
year 1945 hour 2 minute 15 a. M.
21. I hereby certify that I attended the deceased from Nov 23 45
_____ 19 _____ to _____ 19 _____

that I last saw him alive on Nov 29 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration _____

Due to Prostatic hypertrophy
Due to to urinary retention

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

Major findings:
Of operations _____
Of autopsy 1370
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) _____
While at work? _____ (e) Means of injury D

23. Signature L. Crawford (M. D. or other) _____
Address 801 Byers Joplin Mo Date signed _____

134 (Licensed Embalmer's Statement on Reverse Side) Joplin Mo 11/30/45

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

1010104

46-1-68

142

JUN 9 1968

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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, 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.