

S. No. 2
M-8-43
5-17-39
J. X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11937**

FILED APR 8 1946

Registration District No. _____ Primary Registration District No. **67494502** Registrar's No. **4**

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

1. PLACE OF DEATH:
 (a) County **Stoddard**
 (b) City or town **Puxico**
 (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 **24 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Stoddard 103**
 (c) City or town **Puxico**
 (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 **James Linn Maple**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **March** day **16**
 year **1946** hour **4** minute **50 A.M.**

MEDICAL CERTIFICATION

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **0**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 20 1946**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 20 1946** to **MAR 16 1946**
 that I last saw him alive on **MAR 16 1946**
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days **24** If less than one day hr. _____ min. _____

Immediate cause of death **Premature birth**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
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9. Birthplace **Puxico Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER, FATHER
 { 12. Name **James E Maple**
 13. Birthplace **West Quincy Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Westbrook**
 15. Birthplace **Wayne Co. Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James E Maple**
 (b) Address **Puxico Mo**

17. (a) **Burial** (b) Date thereof **Mar 17 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Puxico**

18. (a) Signature of funeral director **Flora Morgan**
 (b) Address **Puxico Mo**

19. (a) **Mar. 16** (b) **Flora Morgan**
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
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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 **2**
 23. Signature **J. H. Shellingo** (M. D. or other) **DO.**
 Address **Puxico** Date signed **3/17/46**

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

RECEIVED

District Health Office No. 2,

District File Number 476-479

Date Filed 4-6-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.