

Registration District No. 120

Primary Registration District No. 5449

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Stout
(b) City or town Ford City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 6 years

3. (a) PRINT FULL NAME Elizabeth Frances Maxwell

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

4. Sex 7 1 5. Color or race W. 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Aaron W. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 11 1866
(Month) (Day) (Year)

8. AGE: 80 Years 2 Months 10 Days
If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry Shueley
13. Birthplace Arkansas Ark
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Malson
15. Birthplace Arkansas Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Maxwell
(b) Address Ford City Mo

17. (a) Burial (b) Date thereof April 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bushy

18. (a) Signature of funeral director Edifford Bushy
(b) Address 101 Albany Mo
19. (a) Apr 27-1946 (b) James D. Dehner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stout 38
(c) City or town Ford City 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 5 1946 to April 21 1946
that I last saw her alive on January 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 940
Of operations _____
Of autopsy _____

Duration _____
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) _____
(e) Means of injury _____

23. Signature J. S. Black (M. D. or other) 0
Address Spring City Mo Date signed 4/21/46

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

11715

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Steffen B. Borch

Licensed Embalmer No. 3329

P. O. Address Albany 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.