

FILED JUL 8 1946

Registration District No. _____

Primary Registration District No. 5681

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Grantville Jwp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: B
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 59 yr. years, months or days)

3. (a) PRINT FULL NAME Fred Lyman Maxwell

3. (b) If veteran: name war World War #1 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Apr. 25 - 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business: _____

12. Name Robert Maxwell

13. Birthplace Linn Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Sturtevant

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

16. (a) Informant Milo Maxwell

(b) Address Linn Co Mo

17. (a) Burial (b) Date thereof June 7 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director James M. Laughlin

(b) Address Marcelline Mo

19. (a) June 10, 1946 (b) Mrs. Budie Kelley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH approximately May 31
 year 1946 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
Called as Coroner
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Broken Chest
Broken back
Fracture Skull
 Due to end of frame building
falling on him causing
 Due to Instant death

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

Major findings: 186 lb 2'
 Of operations 7
 Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 31 1946

Where did injury occur? Rural Linn Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm

While at work? yes (e) Means of injury 3

23. Signature Dale Bunch (M. D. or other)
 Address Marcelline Mo Date signed 6/6/46

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

MOTHER FATHER

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

DISTRICT HEALTH OFFICE
Camden, Mo.

LE
9661 OT 778

JUN 16 1966

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.

Body not Embalmed.

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.

U.S. No. 2
FORM 8-43
DEPT.