

STANDARD CERTIFICATE OF DEATH

State File No. 26726
Registrar's No. 66

FILED SEP 14 1946
Registration District No. 27

Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County Dekalb
(b) City or town Maysville
(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 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 32
(c) City or town Maysville 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Johnson : Maltsberger

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, widowed
6. (b) Name of husband or wife Sarah Maltsberger 6. (c) Age of husband or wife if alive Decd years
7. Birth date of deceased July 7 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months X Days 16 If less than one day hr. _____ min. _____

9. Birthplace Tenn /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Maltsberger

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

14. Maiden name Isabelle Bailes

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

16. (a) Informant Mrs. Parker Sawyer
(b) Address Maysville

17. (a) Burial (b) Date thereof 26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairport, Mo

18. (a) Signature of funeral director Geo. S. Gomer

(b) Address Pattonburg, Mo

19. (a) 7-30-46 (b) Harold Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1946 hour II minute 45 P.M.

21. I hereby certify that I attended the deceased from July 6, 1946, to July 23, 1946
that I last saw him alive on July 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 18 mo

Due to _____

Due to _____

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

Major findings: Of operations 162 A PHYSICIAN _____
Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. Reynolds (M. D. or other) DO
Address Maysville Mo Date signed 7/29/46

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

220

25-10-46

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. Brown*

Licensed Embalmer No..... 2857

P. O. Address..... Pattonburg, 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.