

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26766

Registration District No. 10.2 Primary Registration District No. 216 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25612

1. PLACE OF DEATH:
(a) County Humboldt
(b) City or town Cudwille mo Rural
(c) Name of hospital or institution: 13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Bob Maxwell
3. (b) If veteran, name war 1 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Bertha Maxwell 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ozark Ark (City or town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business ~~Wiley Maxwell~~

12. Name Wiley Maxwell
13. Birthplace Ozark Ark (City or town, or county) (State or foreign country)

14. Maiden name Mary Bell
15. Birthplace Ozark Ark (City or town, or county) (State or foreign country)

16. (a) Informant Edward Foster

(b) Address Ozark Ark Box 123

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

(c) Place: burial or cremation Ozark Ark

18. (a) Signature of funeral director A. J. Emerson
(b) Address Parsons Ark

19. (a) 8-19-46 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark (b) County Franklin
(c) City or town Ozark (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Aug day 18th year 1946 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed skull and chest. Duration _____

Due to Falling out of truck & run over
Due to _____

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

Major findings: Of operations 1902 5 28
Of autopsy _____

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) Accident 35

(b) Date of occurrence 8-17-46

(c) Where did injury occur? Cudwille Humboldt Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cudwille Rural Highway 25 (Specify type of place) (e) Means of injury 3

23. Signature Walter A. Harrison
Address Parsons Ark Date signed 8-18-46

RECEIVED

District Health Office No. 2,

District File Number 846-1035

Date Filed 8-29-46

FEB 19 1947

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.