

FILED SEP 10 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 43

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 MAIN ST. 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 5 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MONROE ⁶⁹
(c) City or town PARIS ²
(If outside city or town limits, write "RURAL") ⁹
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) ¹
If yes, name country _____

3. (a) PRINT
FULL NAME

ROY LEE MAXEY

3. (b) If veteran,
name war NO.

3. (c) Social Security
No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife MARY HAZEL MAXEY 6. (c) Age of husband or wife if
alive 54 years
7. Birth date of deceased JUNE 29 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 14 — hr. — min.

9. Birthplace SHELBY CO. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER & STOCKMAN

11. Industry or business _____

MOTHER FATHER
12. Name EDWARD FRANKLIN MAXEY
13. Birthplace PARIS, MO.
(City, town, or county) (State or foreign country)
14. Maiden name AMEDIA DAWSON
15. Birthplace MONROE CO. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Hazel Maxey
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof AUG 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE - PARIS, MO

18. (a) Signature of funeral director Sperry & Blahut
(b) Address Paris, Mo.

19. (a) Aug 16 - 1946 (b) Elliott Baker M.D.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 13th
year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug
14 to Aug 13 1946
that I last saw him alive on AUG. 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Duration 3 Days

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Paris, Mo. Date signed _____

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

RECEIVED
District Health Officer No. 10
District File Number 9-46-1677
Date Filed SEP 7 1946

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 Edmond H Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.