

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1946
STANDARD CERTIFICATE OF DEATH

State File No. 33003
Registrar's No. 152

Registration District No. 59 Primary Registration District No. 4097

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

1. PLACE OF DEATH
(a) County Missouri
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether)

In this community _____
years, months or days)
3. (a) PRINT FULL NAME Mary Ethel Maupin
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband Chas Andrew Maupin 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan. 2, 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife till 1943

11. Industry or business _____

12. Name Henry Franklin Sheare

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

14. Maiden name Eda Page

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

16. (a) Informant Kenneth Maupin
(b) Address Harrisonville, Mo.

17. (a) Buried (b) Date thereof Oct 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Creighton, Mo.

18. (a) Signature of funeral director Wm. B. Jones
(b) Address Harrisonville, Mo.
19. (a) Oct. 24 1946 (b) Laura J. Jones
(Date received legal registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Case
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. No Number
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 22
year 1946 hour 2 minute 30 A
21. I hereby certify that I attended the deceased from Oct. 21,
1946 to Oct. 21, 1946
that I last saw her alive on Oct. 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CONGESTIVE HEART FAILURE Duration 1 1/2
Due to HYPERTHYROIDISM 10 YRS.

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

Major findings:
Of operations _____
Of autopsy _____

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 1
23. Signature O. P. Barger MD (M. D. or other)
Address Harrisonville, Mo Date signed Oct 22

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

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 *Floyd Atkinson*.....
Licensed Embalmer No. *3420*.....
P. O. Address *Farrarville*.....

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.