

No. 2
2-45
17-39
X47070

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

FILED DEC 26 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 438

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville

(c) Name of hospital or institution:
Grim-Smith Hospital & Clinic

(d) Length of stay: In hospital or institution 10 hours

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Green City

(d) Street No. _____

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles Kenneth Maxey

3. (b) If veteran, name war _____

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 alive _____ years

7. Birth date of deceased August 5 1939

8. AGE: Years 7 Months 4 Days 13

If less than one day _____ hr. _____ min.

9. Birthplace Osgood, Missouri

10. Usual occupation School boy

MOTHER FATHER

11. Industry or business _____

12. Name James Maxey

13. Birthplace Coran, Mo.

14. Maiden name Delores L. ...

15. Birthplace Osgood, Mo.

16. (a) Informant Mr. G. N. Maxey

(b) Address Green City, Mo.

17. (a) Interment (b) Date thereof 12-21-1946

(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of general director Glenn E. ...

(b) Address Green City, Mo.

19. (a) 12-21-46 (b) Kate Lambert

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1946 hour 11:30 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 18 Dec. - 1:30 P.M. 46 to 18 Dec. - 11:30 P.M. 46
that I last saw him alive on 18 December, 1946
and that death occurred on the date and hour stated above

Immediate cause of death Fracture of humerus
Head injury possible
fracture, penetration of
hemorrhage into rectum
and probable accident

Duration 12 hrs

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:
(c) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 18, 1946

(c) Where did injury occur? Green City, Sullivan Mo

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

While at work? _____ (e) Means of injury Automobile

23. Signature W. Sprayle
Address Renoville, Mo. Date signed 12-19-46

RECEIVED
District Health Officer No. 10
District File Number 12-46-2349
Date Filed DEC. 24 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.