

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41612

FILED DEC 19 1946

Registration District No. 275

Primary Registration District No. 5941

State File No. _____

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Rolla Rural

(c) Name of hospital or institution: _____

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) FULL NAME Thomas Earl Maxwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Martha Maxwell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 11 1899

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Shelby Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Maxwell

13. Birthplace Mo

(City, town, or county) (State or foreign country)

14. Maiden name Mary Skyles

15. Birthplace Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Wm Maxwell

(b) Address Route 2 Rolla Mo

17. (a) Funeral (b) Date thereof 12-2-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wynn Farm

18. (a) Signature of funeral director Wm Miller

(b) Address Rolla Mo

19. (a) 12-11-46 (b) Nadine L. Stoeck

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Rolla

(d) Street No. Route Mo 2

(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 25th to Nov 30th, 1946

that I last saw him alive on Nov 28th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Renal insufficiency

Due to Cerebral Apoplexy Duration 3 days

Due to Essential Hypertension & Nephritis Duration 4 days

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

Major findings: Of operations 130

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) _____

(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? 2

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

23. Signature Richard A. Myers (M.D. or other) MD

Address Newburg, Mo. Date signed Dec 1 46

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

JAN 30 1947

JAN 13 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 S. L. Muel

Licensed Embalmer No. 3397

P. O. Address Rolla 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.