. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5851

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months (Specify whether years, months or days)
In this community 83 Years

2. USUAL RESIDENCE OF DECEASED: 89

(a) State Missouri (b) County Ray

(c) City or town Richmond, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. South Shotwell St. 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Solomon Maidment

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 Widowed

6. (b) Name of husband or wife Anna Maidment

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

7. Birth date of deceased Unknown (Month) (Day) 1864 (Year)

8. AGE: Years 83 Months - Days - If less than one day hr. min.

9. Birthplace Boone County, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Maidment
(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Missouri

19. (a) Jan 27 - 47 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15 1946 to Jan 17 1947 that I last saw him alive on Jan 16 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Carcinoma Colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature E. E. Fay (M. D. or other) MD

Address Richmond, Mo. Date signed 2-20-47

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-15-47

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 [signature]

Licensed Embalmer No. 4066

P. O. Address Richmond, Ga.

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.