

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox 52
 (c) City or town Edina
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry J. Mauck
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 8
 year 1947 hour 4 minute 15 P.M.

4. Sex M 0 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary A. Roseberry
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Dec - 9 - 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 6, 1947 to May 8, 1947
 that I last saw him alive on May 8, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 4 Days 29
 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Contusion Duration 1 hour

9. Birthplace Newark Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Engineer, Railroad, Retired.

Due to Fall on back head
 Due to High Blood Pressure 10 years
Hypertension

MOTHER FATHER {
 11. Industry or business _____
 12. Name George F. Mauck
 13. Birthplace Newark Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Stewart
 15. Birthplace Henry County Illinois
(City, town, or county) (State or foreign country)

Other conditions Arteriosclerosis 10 years
(Include pregnancy within 3 months of death)

16. (a) Informant Mary A. Mauck
 (b) Address Edina, Mo.
 17. (a) Burial (b) Date thereof May-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greensburg, Missouri.

Major findings: 5/8
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Keith Hudson
 (b) Address Edina, Mo.
 19. (a) May 10-47 (b) Will D. Neupert
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 52
 (b) Date of occurrence May 8, 1947
 (c) Where did injury occur? Edina, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
 (a) Means of injury Fall 31
 23. Signature S. J. Breckenfeld (M. D. or other) MD
 Address Edina, Mo. Date signed 5/10/47

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

JUN 10 1947

JUL 3 1947

RECEIVED
District Health Officer No. 10
District File Number 5-47-846
MAY 14 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address. Edina, 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.