

FILED APR 23 1947

Registration District No. 264

Primary Registration District No. 45 5894

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town rural- Pine Creek  
(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 43 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark  
(c) City or town Dora- rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Maynard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-01-7549

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dora Maynard 6. (c) Age of husband or wife if alive 4 years 1886

7. Birth date of deceased: July (Month) 4 (Day) 1886 (Year)

8. AGE: Years 60 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Baxter County Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Samuel Maynard

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

14. Maiden name Elizabeth Cockrum

15. Birthplace Henderson Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Owen

(b) Address Dora, Mo.

17. (a) Burial (b) Date thereof 3-23-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeton Pond Cem.

18. (a) Signature of funeral director Clifford Beard Funeral Home (b) Address Gainesville, MO.

19. (a) Mar. 26, 1947 (b) Pamela Trump (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 2 Min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy No clot in left Coronary artery which is twisted + tortuous

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) (e) Means of injury \_\_\_\_\_

23. Signature M. J. Heerman (M. D. or other) DD  
Address Gainesville Mo Date signed 3/24/47

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

77  
0  
0

377

RECEIVED

District Health Officer No. 6,

District File Number 447-444

Date Filed APR 16 1947

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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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Gamesville, Md

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.