

Registration District No. **327**

Primary Registration District No. **4497**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Shelby County  
 (b) City or town Clarence, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether  
 Entire life (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / 02  
 (c) City or town Clarence, Mo.  
 (If outside city or town limits, write "RURAL") /  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Maupin  
 3. (b) If veteran, name war x  
 3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
 year 1947 hour 2 minute P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Deceased  
 6. (c) Age of husband or wife if alive 30th years  
 7. Birth date of deceased October 30th 1882  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1945 to March 25, 1947  
 that I last saw him alive on March 25, 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 4 Days 25  
 If less than one day hr. min.

Immediate cause of death  
Bronchial Pneumonia 3 days

9. Birthplace Shelby county Missouri  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Farming

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

11. Industry or business \_\_\_\_\_  
 12. Name Fredrick Maupin  
 13. Birthplace Shelby county Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Fanny Hinger  
 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

Major findings: 107  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Clarence Jarboe  
 (b) Address Clarence, Mo.  
 17. (a) Burial (b) Date thereof 3-27-1947  
 (Burial or cremation) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clarence, Mo.  
Million & Barkelew  
 18. (a) Signature of funeral director  
 (b) Address Clarence Mo  
 19. (a) April 2-47 (b) Clarence Jarboe  
 (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) \_\_\_\_\_  
 (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)  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature B. E. Edgington (M. D. or other) Dr.  
 Address Clarence, Mo. Date signed April 1, 1947

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

RECEIVED

District Health Officer No. 1

District File Number 447-2

Date Filed APR 15 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.....

*James D. Davis*....., Registered Apprentice No. *443*  
working under my personal supervision.

Signed..... *W. Hawkins*

Licensed Embalmer No. *3498*

(P. O. Address..... *Phillips 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.