S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20337
State File No.

Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 34

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Keytesville (If outside city or town limits, write "RURAL")
(d) Street No. South Part of Keytesville (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME STEVIN MAUPIN
3. (b) If veteran, name war No.
3. (c) Social Security No. 2921-126
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of ~~husband~~ or wife Ethel Maupin
6. (c) Age of ~~husband~~ or wife if alive 66 years
7. Birth date of deceased Aug. (Month) 26 (Day) 1870 (Year)

8. AGE: Years 76 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)
16. (a) Informant Mary J. Hughes
(b) Address Keytesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Chariton County Infirmary
18. (a) Signature of funeral director Hyde & Barnett
(b) Address Keytesville Mo
19. (a) 6-14-47 (Date received local registrar) (b) Gustav Tim (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from August, 1943 to June 14, 1947 that I last saw him alive on June 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. endocarditis	
Due to	
Due to	
Other conditions (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)
While at work? (e) Means of injury
23. Signature Carl C. Weger (M. D. ~~or other~~) M.D.
Address Keytesville Mo Date signed 6/16/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Oregon Health Officer No. 8
Number
Date Filed
6-27-47

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 This body was not Embalmed Registered Apprentice No. working under my personal supervision.

Signed H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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, above space should be left blank.