

S. No. 2
OM-5-43
v. 5-17-39
I X38871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21865

Registration District No. 278

Primary Registration District No. 3054

State File No. _____

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 16 hrs.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Colia
(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 Mary Ann Maupin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced New Born

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 14, 1947
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14, 1947
year _____ hour 11:05 minute PM M.

21. I hereby certify that I attended the deceased from birth at 6:45 A.M. - June 14, 1947 - to 11:05 P.M. June 14, 1947
that I last saw her alive on June 14, 1947, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 16 hours. min.

Immediate cause of death Prematurity (5 1/2 mo. Gestation)

Duration _____

9. Birthplace Louisiana, MO.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation _____

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name William Allen Maupin

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Evelyn Mayes

15. Birthplace Colberry Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Allen Maupin

(b) Address Colia Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Burial

(a) Accident, suicide, or homicide (specify) NO

(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? _____

18. (a) Signature of funeral director N E Goach

(b) Address Colia Mo

(Specify type of place) _____

19. (a) June 15-1947 - N E Goach Dept (b) Date signed _____

(c) Received local registrar (Registrar's signature) _____

19. (a) June 16 1947 Bernice Collier (Licensed Embalmer's Statement on Reverse Side)

23. Signature Robert P. Kudnie (M. D. or other) _____

Address 216 Georgia St - Louisiana, Mo. Date signed 6/14/47

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

2
2
1

RECEIVED
District Health Officer No. 10
District File Number *2-47-844*
Date Filed *JUL - 7 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.....

was not embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed... *Norman E. Gooch*.....

Licensed Embalmer No... *2342*.....

P. O. Address... *Eslicia - 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, fact should be so stated above.