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ev. 5-17-39  
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**FILED JUL 8 1947**

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **220**

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

**1. PLACE OF DEATH:**

(a) County **St. Francois**

(b) City or town **Farmington, Special St. Francois**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Missouri State Hospital No. 4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 yrs. 10 mos. 3 das.**  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Bertrand, Mo.**  
(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 ELMER MAXWELL**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Mar 11, 1881**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **18**  
year **1947** hour **4** minute **35 P.** M.

21. I hereby certify that I attended the deceased from  
**May 8, 1946**, 19\_\_\_\_, to **June 18, 1947**, 19\_\_\_\_;

that I last saw him alive on **June 18, 1947**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>66</b>	<b>3</b>	<b>7</b>	hr. min.

Immediate cause of death **Mycarditis**

Due to **Arteriosclerosis**

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

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Cape Girardeau, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

Major findings: **93E**

Of operations \_\_\_\_\_

Of autopsy **No autopsy.**

**MOTHER FATHER**

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

12. Name **Robert Elmer Maxwell**

13. Birthplace **Unknown, Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Snyder**

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

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? \_\_\_\_\_

16. (a) Informant **Walter Maxwell**

(b) Address **East Prairie, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-20-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Airious**

While at work? \_\_\_\_\_ (Specify type of place)

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

23. Signature **George H. Reese** (M. D. or other) **225**

Address **Farmington, Mo.** Date signed **6/29/47**

18. (a) Signature of funeral director **Travis Shelby**

(b) Address **East Prairie, Mo.**

19. (a) **7-3-47** (Date received local registrar)

(b) **Ether Rudloff** (Registrar's signature)

SEP 24 1947

RECEIVED

District Health Officer No. 4  
District File Number 747-908  
Date Filed 9-2-47

DEPT. OF HEALTH

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 Francis Shelby  
Licensed Embalmer No. 2726  
P. O. Address East Prairie, 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.