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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29302

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No. 7194

1. PLACE OF DEATH:

(a) County

(b) City or town: ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MO PACIFIC HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution? (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PETTIS 8

(c) City or town: SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 2000 W. BROADWAY 4
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: JASPER MAXWELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: MALE O

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: DIVORCED D

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec (Month) 1 (Day) 1892 (Year)

8. AGE: Years 54 | Months 8 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation: DRAGLINE OPERATOR

11. Industry or business

FATHER
12. Name: J. M. MAXWELL
13. Birthplace: CAMDEN CO. MO. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: CATHERINE CHADWICK
15. Birthplace: MO. O (City, town, or county) (State or foreign country)

16. (a) Informant: MR. A. MAXWELL
(b) Address: SEDALIA MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: SEDALIA MO.

18. (a) Signature of funeral director: ROWLAND FUNERAL SER.
(b) Address: 4355 WASHINGTON AV.

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 5th year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Sclerosis	
Due to: 94 D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 B

23. Signature: Dr. Alfred J. Berry (M. D. or other)

Address: Deputy Coroner Date signed: 8-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7194

SEP 8 1947

AUG 29 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St. Louis 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.