

FILED SEP 3 1947
Registration District No. **36**

Primary Registration District No. **6225**

Registrar's No. **145**

1. PLACE OF DEATH:

(a) County **Bernon**
(b) City or town **North Washington Sup.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital #3 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr 1 mo 17 day**
(Specify whether years, months or days)
In this community **1 year 1 month 17 day**

3. (a) PRINT FULL NAME **EVA MAXTED**

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 **Wid**

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

7. Birth date of deceased **Aug 26 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **0** If less than one day hr. min.

9. Birthplace **Gainesville Ga**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Widow**

18. Birthplace **Widow**
(City, town, or county) (State or foreign country)

14. Maiden name **Widow**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital records**
(b) Address **Newada, Mo.**

17. (a) **Burial** (b) Date thereof **8-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottawa Kans.**

18. (a) Signature of funeral director **H. Wagner & Son's**

(b) Address **K. E. 240**

19. (a) **8-29-47** (b) **Kathryn Yancy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **County**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**
year **1947** hour **3** minute **20 PM**

21. I hereby certify that I attended the deceased from **8-31**, 19**47** to **8-26**, 19**47**

that I last saw her alive on **August 26**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**

Due to **Arteriosclerosis**

Due to

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings: **ASD**

Of operations

Of autopsy

Duration

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? **!!**

While at work? **R. H. Hall** (Specify type of place) (a) Means of injury **car**

23. Signature **R. H. Hall** (M, D, or other) **MD**
Address **Newada, Mo** Date signed **8/26/47**

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

SEP 18 1947

RECEIVED
District Health Officer No. 7,
District File Number 8-47-1032
Date Filed 9-2-47

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 _____

Francis Walton, Registered Apprentice No. 2744
working under my personal supervision.

Signed J. K. [Signature]
Licensed Embalmer No. 2744
P. O. Address N.C., 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, above space should be left blank.