

No. 2
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5-17-39
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FILED OCT 27 1947
Registration District No. 251

Primary Registration District No. 3048

State File No. _____
Registrar's No. 230

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)
 In this community 28 Years

3. (a) PRINT FULL NAME CARL MARTIN MAUL
 3. (b) If veteran, name war *****
 3. (c) Social Security No. *****

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive *** years
 7. Birth date of deceased August 8, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 0
If less than one day: min. *****

9. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Furnace & Metal Worker
 11. Industry or business " "

MOTHER, FATHER {
 12. Name Sims Martin Maul
 13. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Rogers
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Walter C. Maul
 (b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 10-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home
 (b) Address 120 East 1st, Maryville, Mo.

19. (a) Oct. 16, 1947 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville
(If outside city or town limits, write "RURAL")
 (d) Street No. 1101 East 1st,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 8th
 year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1947, to Oct 8, 1947
 that I last saw him alive on Oct 7, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
 Duration 5.6 hrs.

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

PHYSICIAN
 Major findings: 947
 Of operations _____
 Of autopsy _____
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? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature W. R. Jackson (M. D. or other) _____
 Address Maryville, Mo. Date signed 10-8-47

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.