S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

41409
State File No.
Registrar's No. 1141

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 9 hours (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 720 East Delmar Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ALMON H. MAUS
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: June Maus
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: May (Month) 13, (Day) 1885 (Year)
8. AGE: Years 62 Months 7 Days 17 If less than one day: min.
9. Birthplace: Vernon County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Banker
11. Industry or business: Banking
FATHER 12. Name: Almon A. Maus
13. Birthplace: Jefferson City, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lulu Vaughan
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs. June Maus (wife)
(b) Address: 720 East Delmar Street, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/1/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Shell City, Missouri
18. (a) Signature of funeral director: Alma Lohmeyer Fun'l Home
(b) Address: Springfield, Missouri
19. (a) 1-2-48 (Date received local registrar) (b) W. E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30, year 1947 hour 7: minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec. 30, 1947 to Dec. 30, 1947; that I last saw him alive on Dec. 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Coronary Sclerosis	6-8 yrs
Due to: Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Confirmed Clinical Diagnosis	

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:
23. Signature: (M. D. or Coroner)
Address: 1630 N. Jefferson Date signed 12-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Springfield, Mo.

APR 12 1948

JAN 15 1949

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 Harry Ayre, Registered Apprentice No. 479, working under my personal supervision.

Signed Jewell E. Minole

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.