

FILED FEB 11 1948

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 38

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

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Keokuk Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days Specify whether
 In this community 38 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macomb
 (c) City or town La Plata 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 Edna A. Maitland

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Feb. day 2
 year 1948 hour 3 minute 45 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Ernest P. Maitland 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept 5 1886 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 30 1948 to Feb 2 1948
 that I last saw her alive on Feb 2 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 4 27 hr. min.

Immediate cause of death: Coronary Thrombosis
 Due to Diabetes Mellitus Duration 15 yrs.

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

Other conditions: Uremia
 (Include pregnancy within 3 months of death)

10. Usual occupation House Keeper

11. Industry or business

Major findings:
 Of operations
 Of autopsy 101
 Underline the cause to which death should be charged statistically.

MOTHER FATHER }
 12. Name Wm. H. Mankinney
 13. Birthplace N. Y. (City, town, or county) (State or foreign country)
 14. Maiden name Belle Ferguson
 15. Birthplace Mich. (City, town, or county) (State or foreign country)

16. (a) Informant Edward Maitland

22. If death was due to external causes, fill in the following:

(b) Address La Plata Mo.

(a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof Feb 4-48 (City or town) (County) (State)
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence

(c) Place: burial or cremation La Plata Mo.

(c) Where did injury occur?

18. (a) Signature of funeral director D. S. Christie

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 2 (Specify type of place) (e) Means of injury

(b) Address La Plata Mo.

23. Signature J. T. Rhoads (M.D. or other) D.O.

19. (a) 2-4-48 (b) W. Lambert (Date received local registrar) (Registrar's signature)

Address Keokuk, Mo. Date signed 2-3-48

RECEIVED
District Health Officer No. 2482
FEB 10 1948

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 D. J. Krisko
Licensed Embalmer No. 1109
P. O. Address La Plata, 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.