No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3761

State File No.

Registration District No. 358 Primary Registration District No. 4523 Registrar's No. 4

108

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Schell City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Schell City
(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 Viola Maus
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 married
6. (b) Name of husband or wife Jacob Fredrick Maus
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 26 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 10 If less than one day — hr. — min.

9. Birthplace Near Bedford (City, town, or county) Indiana (State or foreign country)
10. Usual occupation housewife
11. Industry or business —

FATHER
12. Name John Root
13. Birthplace do not know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Youngers
15. Birthplace do not know (City, town, or county) (State or foreign country)

16. (a) Informant J. T. Maus
(b) Address Schell City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maus Cemetery
18. (a) Signature of funeral director Lewis & Son
(b) Address Schell City, Mo.
19. (a) Feb 7-1948 (Date received local registrar) (b) Mrs Sarah E Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1948 hour 11 minute A. M. P. M.
21. I hereby certify that I attended the deceased from November, 1945 to February 6, 1948 that I last saw her alive on February 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 2 yrs
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature T. W. Gray (M. D. or other)
Address Schell City Mo. Date signed 2/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-48-42
Date Filed 2-10-48

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.