

FILED AUG 7 1948

Registration District No. 574

Primary Registration District No. 4547

State File No. \_\_\_\_\_

Registrar's No. 23

1. PLACE OF DEATH: (a) County Worth  
(b) City or town Grant City  
(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 \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Rosa V. Maudlin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-323281

4. Sex Female / 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward Maudlin  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased May 22 1903  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days I  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sam Hamblin

13. Birthplace Lone Star Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Barnett

15. Birthplace Lone Star Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Maudlin

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 7-25-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lotte Grove Cemetery

18. (a) Signature of funeral director Frank C. Sample

(b) Address Grant City, Mo.

19. (a) July 29-1948 (b) Edna E. Pearson  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Worth 113  
(c) City or town Grant City 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23  
year 1948 hour 10 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Jan. 1947  
to July 23 1948  
that I last saw her alive on July 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis  
Duration 10 min

Due to chronic myocarditis and arteriosclerosis 5 yrs

Due to \_\_\_\_\_  
Other conditions lacerated finger, healed 5 da  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 97  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Frank B. Matthews (M.D. or other)  
Address Grant City, Mo. Date signed 7/24/48

MOTHER FATHER

**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..... *Arch C. Duffell* .....

Licensed Embalmer No..... *3252* .....

P. O. Address..... *Grant City, N.* .....

**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.**