S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. 109

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4180

State File No. 29385

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell
(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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell,
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELY HOUSTON MAYNARD

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 9 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days 2 If less than one day hr. min.

9. Birthplace New Providence, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name William Maynard
13. Birthplace Murry, Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Bishop
15. Birthplace Murry, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Bishop
(b) Address Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Campbell, Missouri

18. (a) Signature of funeral director [signature]
(b) Address 808 Ward Ave, Caruthersville

19. (a) 9/22/48 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1948 hour 2:30 AM minute M.

21. I hereby certify that I attended the deceased from Sept, 1944, to Sept 10, 1948;
that I last saw him alive on Sept 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Hypertrophy	
Due to Cardiac Asthma	
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

23. Signature D. Byron L. Franklin (M.D. or other)

Address Campbell Mo. Date signed 9/15/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Franklin

RECEIVED
District Health Office No. 2,
District File Number 948-1214
Date Filed 9-27-48

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 William D. Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.