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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Wm 736098

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 142

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 West 2nd 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PEGGY ANN MAPLES
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Maples
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August (Month) 29 (Day) 1866 (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.
9. Birthplace Bland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Crider
13. Birthplace Bland (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Carter
15. Birthplace Bland (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. William Jeff
(b) Address 207 West 2nd Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Mo.
18. (a) Signature of funeral director Otto & Co.
(b) Address Washington, Mo.
19. (a) Nov. 20, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour 4 minute 05 P.M.
21. I hereby certify that I attended the deceased from 9/21, 1946, to 11/18, 1948;
that I last saw her alive on 2 P.M. 11/18, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-respiratory failure	4 hrs
Due to: Cardiac failure & decompensation	28 days
Due to: Apoplexy cerebral right with hemiplegia left	24 days
Other conditions (Include pregnancy within 6 months of death): Rheumatoid Arthritis chronic	18 yrs

Major findings:
Of operations
Of autopsy

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 0
23. Signature Michael S. Wyprich (M. D. or other)
Address Washington, Mo. Date signed 11/20/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 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 Maurice H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, 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.