No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37038

FILED DEC 6 1948

Registration District No. 946

Primary Registration District No. 5568

Registrar's No. 361

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vermont and Sheely Roads (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 Jackson 48
(c) City or town Independence (If outside city or town limits, write "RURAL") 0
(d) Street No. Vermont and Sheely Roads (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME James W. Maynard
3. (b) If veteran, name war No
3. (c) Social Security No. 500-03-3291
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Belle Maynard
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased February (Month) 14 (Day) 1873 (Year)

8. AGE: Years 75 Months 9 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Baxter County (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Jackson County Garages
FATHER
12. Name Sam Maynard
13. Birthplace Baxter County (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Millie Claghorne
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lucy Belle Maynard
(b) Address Vermont and Sheely Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 27 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director Geo. C. Carson F. Home
(b) Address Independence, Missouri
19. (a) 11-26-48 (Date received local registrar) (b) James A. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th. year 1948 hour 11 minute 45 p.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory Failure	
Due to Pulmonary Infarction	
Due to Fracture Ribs	
Other conditions Auto Trauma (Include pregnancy within 3 months of death)	
Major findings: Of operations Deputy Coroner	
Of autopsy See Above	

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) Accident
(b) Date of occurrence 11-27-48
(c) Where did injury occur? Independence (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury Trauma
23. Signature A. E. Ussher (M. D. or other) Mo
Address 2800 Main Date signed 11/25/48

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

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 John M. Heisman, Registered Apprentice No. 269, working under my personal supervision.

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence 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.