

FILED DEC 7 1948
Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1017 E. Austin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 E. Austin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR THOMAS MAUPIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera E. Maupin 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased March 7 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown based furniture

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Vera E. Maupin
(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (c) Signature of funeral director Booth

(b) Address Butler, Missouri

19. (a) 12-1-48 (b) Waltham Parsons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1948 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 5 1948 to Nov 10 1948
that I last saw him alive on Nov 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration Don't know

Due to Bronchiectasis
Duration Don't know

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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 W. B. Love
Address Nevada, Mo Date signed 11/22/48

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

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1398

Date Filed 12-6-48

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.....

Horace K. Hill, Registered Apprentice No. 296
working under my personal supervision. Robert E. Steinbeck 200

Signed John G. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler, 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.