

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1621

BIRTH NO. 49-008438 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sarcoxie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SARCOXIE	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) R. T. REEDS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Reeds			

3. NAME OF DECEASED (Type or Print)	a. (First) Joyce	b. (Middle) Mary	c. (Last) MAGGARD	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 29, 1949	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Rt. #1 Reeds, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James A. Maggard	13b. MOTHER'S MAIDEN NAME Bertha Birchfield	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. James A. Maggard	ADDRESS Rt. #1 Reeds, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atresia of Bladder		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓		

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓	21e. HOW INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
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22. I hereby certify that I attended the deceased from 1-29-1949, to 2-3-1949, that I last saw the deceased alive on 2-7-1949, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Kilbane	(Address or title) J. C. Kilbane	23b. ADDRESS Sarcoxie Mo.	23c. DATE SIGNED 2-4-49
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24a. BURIAL, CREMATION; REMOVAL (Specify) Burial	24b. DATE 2-5-49	24c. NAME OF CEMETERY OR CREMATORY Reeds Cemetery	24d. LOCATION (City, town, or county) (State) Reeds, Mo.
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DATE RECD BY LOCAL REG. 2-5-49	REGISTRAR'S SIGNATURE L. B. Clifton	25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer	ADDRESS Carthage, Mo.
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See 2 page with Embelmer's Statement on Reverse Side

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

No. 300  
10.4849  
0  
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John J. Kennedy*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4194

P. O. Address \_\_\_\_\_

**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.