

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1622**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Purcell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purcell RURAL-MINERAL TWP.	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) West edge of Purcell	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXX RURAL-MINERAL TWP.			

3. NAME OF DECEASED (Type or Print) a. (First) Ann	b. (Middle)	c. (Last) Maxwell	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1893	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Republic, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Howe	13b. MOTHER'S MAIDEN NAME Mary Hogan	14. NAME OF HUSBAND XXXXXX Harry Maxwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Maxwell Purcell, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypochromic anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uterine hemorrhage DUE TO (c) Carcinoma of uterus, (body)		
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 7 48, 1948, to Jan 11 49, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 8:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Johnston Arnce Simpson</i>	23b. ADDRESS Webb City	23c. DATE SIGNED 1-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 15 49	24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery	24d. LOCATION (City, town, or county) (State) Purcell, Missouri
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DATE REC'D BY LOCAL REG. JAN 21, 1949	REGISTRAR'S SIGNATURE <i>J. C. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson Webb City, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

49-1-49

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 Clayton M. Johnston

Signed.....
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Well City, 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.