

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11356

114 00

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6282 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY OR TOWN <u>CLARK TWP RURAL</u> c. LENGTH OF STAY (in this place) <u>31 yrs</u>		c. CITY OR TOWN <u>6 MILES EAST OF MANSFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>MAXWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 3-1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	9. AGE (10 years last birthday) Months Days Hours Min. <u>83 6 3</u>
11. BIRTHPLACE (State or foreign country) <u>LANCOCK CO ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>NO</u>	
13a. FATHER'S NAME <u>ROBT. MARSHALL MAXWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGRET SLANE</u>	
14. NAME OF HUSBAND OR WIFE <u>ELIZABETH S. MAXWELL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>MONP</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Maxwell</u> ADDRESS <u>MANSFIELD</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Old age</u> DUE TO (c) <u>7921</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Carcinoma on back of neck</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan <u>1</u> , 19 <u>49</u> , to Mar <u>6</u> , 19 <u>49</u> , that I last saw the deceased alive on Mar <u>5</u> , 19 <u>49</u> , and that death occurred at <u>1 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Fuson</u> (Degree or title) <u>2nd</u>		23b. ADDRESS <u>Mansfield</u>	
23c. DATE SIGNED <u>3-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashley Cmptery</u>	24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO. MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-31-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. U. R. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Stoffe</u> ADDRESS <u>MANSFIELD MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed.....

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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 W.A. Steffe.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3221.....

P. O. Address Mansfield, Md.....

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.