

FILED NOV 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36607**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4102 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u> 19	
b. CITY OR TOWN <u>Craighton</u>	c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craighton</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2</u> 0	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Maupin c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) Nov 13 1949

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept 9 1873 9. AGE (In years last birthday) 76 2 4 1

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) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Gregg 13b. MOTHER'S MAIDEN NAME Mary Page 14. NAME OF HUSBAND OR WIFE Andrew T Maupin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓ 16. SOCIAL SECURITY NO. ✓ 17. INFORMANT'S SIGNATURE OR NAME Andrew T Maupin ADDRESS Craighton Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertension INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES (b) cardio vascular disease ?

(c) Paralysis R. Side 9-days

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 4 2 2 1

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Nov 5, 1949, to Nov 5, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. G. McDonald M.D. 23b. ADDRESS Wich Mo 23c. DATE SIGNED 11-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-15-49 24c. NAME OF CEMETERY OR CREMATORY Parker Cemetery 24d. LOCATION (City, town, or county) (State) Craighton Mo.

DATE REC'D BY LOCAL REG. Nov. 15, 1949 REGISTRAR'S SIGNATURE Laura J. Jones 51 FUNERAL DIRECTOR'S SIGNATURE Robert Arnold ADDRESS Craighton, Mo.

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

19  
0  
3

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1949

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.

Student .....  
Student Embalmer

Signed Herbert Arnold

Licensed Embalmer No. 3621

P. O. Address Coeington, 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.