

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9492

0550

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5650 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL AURORA		c. CITY (If outside corporate limits, write RURAL and give township) RURAL AURORA	
c. LENGTH OF STAY (In this place) 61 yr.		d. STREET ADDRESS (If rural, give location) R.F.D. # 2 VERONA	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #2 VERONA			
3. NAME OF DECEASED a. (First) ALEXANDER		b. (Middle) JOHN	
c. (Last) MAIS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 26, 1889
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN JOSEPH MAIS		13b. MOTHER'S MAIDEN NAME ANNA GRIESEMER	
14. NAME OF HUSBAND OR WIFE ANNA SCHATZ MAIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME ANNA MAIS		ADDRESS R.F.D. # 2 VERONA	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic disease b. Coronary occlusion 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 type="checkbox"/>			
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on May 16, 1948 , and that death occurred at 4:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Annellann M. S.		23b. ADDRESS 13 W. Olive St.	
23c. DATE SIGNED April 2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 3	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) VERONA MISSOURI	
DATE REC'D BY LOCAL REG. April 2-50		REGISTRAR'S SIGNATURE Dr. Mc Natt	
25. EMBALMER'S SIGNATURE William Wood		ADDRESS Aurora, Mo.	

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

RECEIVED APR 7 1950
District Health Office No. 6;
District File Number 450-412
Date Filed 4-5-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed William Wood

Signed.....
Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Amory, 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.