

FILED MAR 3 1942  
Registration District No. 9928

Primary Registration District No. 10183

Registrar's No. 2771

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Belgrade  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 miles west of Belgrade  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1942 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 22 1941 to Jan 2 1942  
that I last saw him alive on Jan 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
following influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 108  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. F. Cresswell (M. D. or other) \_\_\_\_\_  
Address Belgrade, Mo. Date signed 1/17/42

3. (a) PRINT FULL NAME William L. Maxwell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 6 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annis Maxwell 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 8 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Belgrade  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

12. Name Thomas Maxwell

13. Birthplace Virginia Ohio Va  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Maxwell

15. Birthplace Washington 13 born  
(City, town, or county) (State or foreign country)

16. (a) Informant Annis Maxwell

(b) Address Belgrade MO

17. (a) Burial (b) Date thereof Jan 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James Bryant Cemetery

18. (a) Signature of funeral director John Sparks

(b) Address Belgrade  
(c) Date received local registrar 1.18 1942 (d) Ella White  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 242-185  
Date Filed 2-11-42

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Ernest Sparks*

Licensed Embalmer No.

2639

P. O. Address

*Elkins M*

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.