

No. 2
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 5-17-39
 X37823

35812

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 16 1946
 Registration District No. 382

Primary Registration District No. 5548

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County HOWARD
 (b) City or town Chariton RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard 45
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 1/2 South Glasgow Rd.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A. MAUPIN
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Mrs Rhoda C. Maupin
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased JAN 6 1873
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace Schuyler County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business His Farm

12. Name Rev. A. C. Maupin

13. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

14. Maiden name Laura J. Bush

15. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rhoda C. Maupin

(b) Address Glasgow Mo.

17. (a) Buried (b) Date thereof NOV 1, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo

18. (a) Signature of funeral director Wendley Fremuth
 (b) Address Glasgow Mo.

19. (a) 10/31/46 (b) Joe King
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 30
 year 1946 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from June 18, 1946, to Oct. 30, 1946.
 that I last saw him alive on Oct. 30, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral decompression due to spinal respiratory paralysis
Age, atrophy
Latent Malaria
 Duration 2 wks.
 Due to _____ 3 yrs

Due to _____
 Other conditions Shorea Septic
 (Include pregnancy within 3 months of death) ?

Major findings:
 Of operations _____
 Of autopsy 1310
 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 W. Harding (M. D. or other) _____

Address Glasgow Mo. Date signed 10-31-46

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

35632

124

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-14-16

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 J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow, Tenn.

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.