

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 1

1. PLACE OF DEATH: Camden adair township

(a) County Camden

(b) City or town Clemax Springs Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None R Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Clemax Springs Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. Route 1 (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME George Sheridan Maulder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1947 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 15, 1945 to Feb 16, 1947
that I last saw him alive on Feb 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
lithia

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie P. Warren Maulder

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 31 1879
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Camden Co. mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business _____

12. Name John B Maulder

13. Birthplace Tenn (State or foreign country)

14. Maiden name Marta Capifer

15. Birthplace Camden Co mo (City, town, or county) (State or foreign country)

16. (a) Informant Fannie Maulder

(b) Address R Route Clemax Springs, Mo

17. (a) Burial (b) Date thereof Feb 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cem

18. (a) Signature of funeral director Bankson Woodery

(b) Address Camden, Mo

19. (a) 3-1-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to Septicemia

Due to Heart, pulmonary embolus

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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 2

23. Signature [Signature] (M.D. or other) [Signature]

Address Clemax Springs, Mo Date signed 2/20/47

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

RECEIVED
District Health Officer No. 7,
District File Number 2-47-260
Date Filed 3-9-47

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 Abbie Bankson Woolery
Licensed Embalmer No. 2488
P. O. Address Camden, 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.