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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12385

State File No. _____

FILED MAY 1 1947

Registration District No. _____

Primary Registration District No. 7

Registrar's No. 4018

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rush Hill
(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 75 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rush Hill
(If outside city or town limits, write "RURAL") 6

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Nellie M. Maxwell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1947 hour 3 minute 45 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John C. Maxwell

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 22, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JUL 10, 1947, to APR 18, 1947
that I last saw her alive on APR 18, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 9 25 hr. _____ min.

Immediate cause of death Coronary Occlusion Duration 24 hrs

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

Due to _____

Due to _____

10. Usual occupation Housewife

Other conditions Exfoliative Dermatitis 16 mths
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Ephram Ruse

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Roberts

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John C. Maxwell

(b) Address Mexico, Mo.

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? _____

17. (a) Burial (b) Date thereof April 20, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.

While at work? _____ (Specify type of place) 2

(c) Means of injury _____

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Mo.

19. (a) Apr 21-47 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

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

Address Ladonia, Mo. Date signed 4-19-47

(Licensed Embalmer's Statement on Reverse Side)

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

69 1951

RECEIVED
District Health Officer No. 10
District File Number 44787
Filed APR. 30. 1947

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.