

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44375**

National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. **136**

Primary Registration District No. **2 a. 1.**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Jasper**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Johns D.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")

(d) Street No. **513 Mc Connell**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Maxilin James Moran**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24**
year **1947**, hour **11** minute **30 a.m.**

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife **Maudie**

6. (c) Age of husband or wife if alive **24** years (Month) (Day) (Year)

7. Birth date of deceased **Feb 24 1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 24** 19**47** that I last saw him alive on **Dec 24** 19**47** and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	52	10	0	br. min.

Immediate cause of death **Obstruction**

Due to

Due to

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

10. Usual occupation **auto mechanic**

11. Industry or business **Smith Tire Shop**

12. Name **don't know**

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

14. Maiden name **don't know**

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

Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

PHYSICIAN **W. J. ...**

Underlying the cause of which death should be charged statistically.

16. (a) Informant **Mrs Maudie Moran**

(b) Address **513, Mc Connell**

17. (a) **Burial** (b) Date thereof **12-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Memorial**

18. (a) Signature of funeral director **Harold Nelson**

(b) Address **Jasper 700**

19. (a) **12-27-47** (b) **Delores Jensen**
(Date received local registrar) (Registrar's signature)

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 **W. J. ...** or other **do**

Address **214 Jasper** Date signed **12/24/47**

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

49
2
5

MOTHER FATHER

JAN 26 1948

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 _____

Jesse C. Sullivan Registered Apprentice No. 99
working under my personal supervision.

Signed Edwin M. Dungey
Licensed Embalmer No. 3566

P. O. Address Dept. 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.