

No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25548
Registrar's No. 105

Registration District No. 224

Primary Registration District No. 8046

1. PLACE OF DEATH:

(a) County Monterey
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Wesley Maxey
(b) If veteran, name war 3 (c) Social Security No. 1

4. Sex Male 5. Color or face H 6. (a) Single, widowed, married, divorced 1
(b) Name of husband or wife Eva Maxey 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan 12 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Jasper Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Green Maxey
13. Birthplace Dart Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Sighel
15. Birthplace Dart Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Maxey
(b) Address California mo

17. (a) Burial (b) Date thereof 8/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burke Cemetery

18. (a) Signature of funeral director William Green Maxey

(b) Address California mo

19. (a) 8-9-43 (b) Q. J. Allred
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monterey
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 710 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1943 hour 11 minute 7 M.

21. I hereby certify that I attended the deceased from 3 to Aug 7 1943
that I last saw him alive on Aug 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to 46 f

Due to 46 f
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 f
Of autopsy 46 f

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 18
(b) Date of occurrence 8/10/43
(c) Where did injury occur? California (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work California (Specify type of place) (e) Means of injury 18

23. Signature Q. J. Allred (M. D. or other) 80
Address California Date signed 8/19/43

1312 (Licensed Embalmer's Statement on Reverse Side)

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: _____

Licensed Embalmer No. _____

P. O. Address _____

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.