

*Christ Episcopal Church Cemetery Inventory*

State and Water Streets, Dover DE 19903

Lot Number: 76 Space: F1

Find A Grave # 1916185

Name: **Maag, Harry W.**

Birth date: December 25, 1913 Death date: July 14, 1953 Burial Date: July 17, 1953 Age: 439  
died: Jefferson Hospital, Philadelphia, PA

Spouse:

Children:

Child of Albert John Maag Sr. (1862-1928) and Matilda "Tillie" Warner Maag (1875-1918)

Siblings: Elizabeth (Lizzie) Maag (1895-1963); Albert Maag (1896-1948); Carrie Maag Hayes (1899-1985); Frank G. Maag (1901-1959); Bessie B. Maag (1903-1945); Anna Laura Maag Knight (1906-2002); Lucy S. Maag (1908-1959); Helen Warner Maag (1911-2000); Harry W. Maag (1913-1953)

Residence: Dover, DE

Cause of death/Burial/Obituary:

Service/occupation information: US Army WW II, enlisted Oct. 24, 1941, discharged Dec. 10, 1945; clerk, sporting goods store

Officiate:

Lot Owner: Albert Maag Sr.,

Inscription:

Harry W. Maag  
Dec. 25, 1913  
July 14, 1953

DIMENSIONS: H 3" x W 16" x D 8"

STYLE: footstone

No repairs needed



Inventory date: March 26, 2020 Recorder: Ellen Richardson

Documents retrieved from ancestry.com on October 17, 2020

**CERTIFICATE OF DELAYED BIRTH REGISTRATION**  
STATE OF DELAWARE  
BOARD OF HEALTH

Office 9/24/53 2619

1. PLACE OF BIRTH  
COUNTY Kent STATE OF DELAWARE  
CITY Dover  
HUNDRED \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
WARD \_\_\_\_\_

2. FULL NAME OF CHILD Harry W. Maag

3. SEX Male 4. TWIN, TRIPLET, OR OTHER None 5. DATE OF BIRTH Jan 25, 1913  
6. FULL NAME OF FATHER Albert Maag 7. FULL NAME OF MOTHER Metilda Warner

8. PLACE OF RESIDENCE AT TIME OF THIS BIRTH Dover, Delaware  
9. COLOR OR RACE white 10. AGE WHEN CHILD WAS BORN 53 (YEARS)  
11. BIRTHPLACE (CITY OR PLACE) (STATE OR COUNTRY) Pr. 12. BIRTHPLACE (CITY OR PLACE) (STATE OR COUNTRY) Md.

13. OCCUPATION Merchant 14. OCCUPATION Housewife

15. NUMBER OF CHILDREN OF THIS MOTHER AT TIME OF THIS BIRTH AND INCLUDING THIS CHILD 9 16. NUMBER OF OTHER CHILDREN LIVING WHEN THIS BIRTH OCCURRED 8 17. NUMBER OF CHILDREN DEAD WHEN THIS BIRTH OCCURRED 0

PLEASE CHECK ONE CORRECTLY IN SPELLING ALL Items Must Be Answered

**CERTIFICATE**

I, Elizabeth B. Maag being first duly sworn on oath, testify that the facts concerning my brother (State relationship) Harry W. Maag set forth above are true and correct.

SIGNATURE: Elizabeth B. Maag (Date and place exactly with this date)

I CERTIFY THAT THE ABOVE PERSON APPEARED BEFORE ME AND TESTIFIED AS SET FORTH ABOVE AND AFFIRMED THE SAME TO BE TRUE AND CORRECT.

THEREIN AND IN MY PRESENCE, THIS 24th DAY OF September 1953

MY COMMISION EXPIRES 12-31-54 Dover Delaware (Address of Notary Public) SEAL HERE

**ABSTRACT OF EVIDENCE**  
(Do not write in this space)

1. Baptismal record, dated Jan. 14, 1913, Christ Church, Dover, Del., verifies name, birthplace, birthdate, and parentage, as stated above.  
2. Honorable Discharge Paper, U. S. Army, dated Dec. 10, 1945, verifies name, birthdate and birthplace.

Evidence reviewed in Bureau of Vital Statistics.  
F.M. George P. Abbott, M.D. (Date and Signature)

FILED September 24, 1953

VS-95 Rev. 10M 7-51 SP

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

HVS-20010-900M-1-51 File No. 64967

Primary Dist. No. 011-401 Registered No. 13714

1. PLACE OF DEATH  
a. COUNTY Philadelphia  
b. CITY (If outside corporate limits, write RURAL or BOROUGH and give township) Philadelphia  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Jefferson Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).  
a. STATE Delaware  
b. COUNTY 06  
c. CITY (If outside corporate limits, write RURAL and give township) Dover  
d. STREET ADDRESS (If rural, give location) 15 6th Street St.

3. NAME OF DECEASED (Type or Print) HARRY (First) (Middle) (Last) MAAG

4. DATE OF DEATH (Month) (Day) (Year) 7 14 53

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED (Specify) WIDOWED, DIVORCED  
8. DATE OF BIRTH Jan 25 1913 9. AGE (In years last birthday) 39 10. IF UNDER 1 YEAR (Specify) \_\_\_\_\_  
11. BIRTHPLACE (Also give State or foreign country) Delaware 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Albert Maag 14. MOTHER'S MAIDEN NAME Metilda Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes 16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S OWN SIGNATURE Frank Maag ADDRESS Home Hl.

18. CAUSE OF DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Agrauloarteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS 297X  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1953 to 1953 and that death occurred at 2:10 A.M. P.S.T. from the causes and on the date stated above.

23a. SIGNATURE D. L. E. J. Johnson 23b. ADDRESS Jefferson Hospital 23c. DATE SIGNED 7-19-53

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE July 17 1953 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem. 24d. LOCATION (Town, township and county) (State) Home Hl.

DATE REC'D BY LOCAL REG. 7-14-53 REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. SIGNATURE OF FUNERAL DIRECTOR H. P. Bowen ADDRESS 58th & Cottman Phila 43 Pa.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important.