

DEC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1355

Do not use this space.

Registered No. 368

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Joseph's
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Eleanor Harmon Mauze

(a) Residence, No. 720 East 36th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. Layton Mauze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Va13. NAME Asher W. Harmon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) Dr. J. Layton Jr18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Va. DATE January 28, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure
Kansas City, Missouri20. FILED Jan 28 1939 M. M. Kenome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 193922. I HEREBY CERTIFY, That I attended deceased from Oct 5 1938 to Jan 26 1939I last saw him alive on Jan 26 1939 Death is saidto have occurred on the date stated above, at P. m. 6:16

The principal cause of death and related causes of importance were as follows:

Cerebrum of brain with Date of onset Aug 38
abnormal interstitial

Other contributory causes of importance:

Pneumonia Pneumonia 1-27-39

Name of operation no Date of.....What test confirmed diagnosis? Rentgen Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Henry H. James, M. D.(Address) Kansas City, Mo.

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, above space should be left blank.