

REC'D APR 17 1939

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

9444  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 355  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Menorah Hospital St.  
 (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

560 William H. Mahan  
 (a) Residence, No. 4448 Francis St.  Kansas City, Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha E. Mahan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1879  
 7. AGE YEARS 69 MONTHS 59 DAYS 10 If LESS than 1 day, hrs. 20 or min. 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ins. agent  
 9. Industry or business in which work was done, as saw mill, bank, etc. Pyramid Life  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma Kansas

FATHER 13. NAME Wm. T. Mahan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Schefflar  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. R. W. Lynch  
4448 Francis

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma, Kansas DATE Mar. 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home  
K.C., Kansas

20. FILED Mar 8, 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1939 to March 7 1939  
 I last saw him alive on March 7 1939 Death is said to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 3 months  
94B  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. 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 J. H. Schaefer M. D.  
 (Signed)..... (Address) 1405 Bryant Bldg.

Corrected by affidavit Mar 31 1939 - J. Ward

For affidavit see no 163 in misc file - 1701

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**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 do with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

State of Missouri }  
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 9444  
Local Registrar's No. 1050

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of March, 1948, before me appears Martha F. Mahan, who, upon her oath, states that the original record of <sup>birth</sup> death for William F. Mahan <sup>died</sup> <sup>born</sup> March 7, 1939, in the State of Missouri, and which was filed at Jessas City, on 3-8, 1939, should be corrected as follows:

Item No. 6 should read April 15, 1879

Instead of " 15, 1878

Item No. 7 should read 59-10-18

Instead of 69-10-20

Item No. 12 should read Alma, Kansas

Instead of Alno, Kansas

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Martha F. Mahan Daughter  
Relationship.

4448 Francis K. C. Kansas  
Present Address.

Subscribed and sworn to before me this 31st day of March, 1948.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-9444