

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

REV. 3-17-39
1 X1951

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.

DEC 11 1939 399
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4382

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: General Hospital #2
(d) Length of stay: In hospital or institution 11-9-39 to 11-13-39

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1515 E. 10th St.
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME Marguerite Maupin
3. (b) If veteran, name war No
3. (c) Social Security No. 55487-109170

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 13 year 1939 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-9, 1939, to 11-13, 1939, that I last saw him alive on 11-13, 1939, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eddie Maupin
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Feb. 23, 1906

Immediate cause of death Aortic Aneurysm
Duration _____

8. AGE: Years 33 Months 8 Days 20
If less than one day _____ hr. _____ min.

Due to _____ 96
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation Manager of Apartment

11. Industry or business _____

12. Name Jim Simpson
13. Birthplace Ind

14. Maiden name Cora Fitzgerald
15. Birthplace Ind

16. (a) Informant's own signature Eddie Maupin
(b) Address 1515 E. 10th

17. (a) Burial (b) Date thereof 11-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Rudis

19. (a) Nov 11 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 _____
23. Signature A. A. Turner (M. D. or other) _____
Address General Hosp #2 Date signed 11-14-39

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1729 Sylvia Ave

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.