

JAN 13 1940

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution North East Hospital  
(d) Length of stay: In hospital or institution 3 weeks  
In this community about 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 87<sup>th</sup> and Blue Ridge Blvd  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

MAUDE GEORGE

3. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 18 - 1872

8. AGE: Years 67 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name E. W. Hillers

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Raymond Harris

(b) Address 87<sup>th</sup> and Blue Ridge Blvd

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo

18. (a) Signature of funeral director Carroll - Dampson

(b) Address 3024 Frost

19. (a) Dec 21, 1939 (b) M. L. Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 39 hour 12:35 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 28, 1939 to Dec 21, 1939 that I last saw her alive on Dec 20, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent acute myocarditis Duration 5 days

Due to Previous chronic myocarditis 5 years and

Due to complete obstruction of Pylorus

Other conditions Hyp (Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of Pylorus and adjacent tissues Of autopsy No

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 M. L. Harris (M. D. or other) DO

Address 2752 Prospect Date signed \_\_\_\_\_

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.

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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 E. P. Casey -

Licensed Embalmer No. 1272

P. O. Address 3024 Forest H.C.

**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.**