DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42450

JAN 13 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4859

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Residence Shelbina, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Amanda Mildred King, 520

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elbert J. King,

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 4th, 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co., Missouri. O (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -------

FATHER
12. Name William Maupin,
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Maupin,
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert G. Estill,
(b) Address 429 West 59th, Str., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27- 1939. (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster, 918
(b) Address 918 Brooklyn Avenue, K.C.Mo.

19. (a) Dec 25, 1939 (Date received local registrar) (b) M M Cover (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 24-x year 1939 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 17-39, 19..., to Dec. 24 1939, that I last saw h.. alive on Dec. 24 19..39 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Lt Sigmoid | |
| Due to: Metastases to liver | |
| Due to: peritonitis | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury

23. Signature H. H. Bangsberg M.D. (M. D. or other)
Address 1116 Rose Bldg Date signed 1/25/39

(Licensed Embalmer's Statement on Reverse Side)

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.

AUG 22 1950

**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 Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address Kal. Mo.

**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.**