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21492

SEP 5 1940 399

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jac.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3034 Oakley 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days **5 30**

3. (a) PRINT FULL NAME: MARY M. MAENHOUDT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex: f
5. Color or race: w
6. (a) Single, widowed, married, divorced: Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 28, 1913
(Month) (Day) (Year)

8. AGE:
Years **7** Months **2** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace: Kansas City, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____
12. Name: Julia M. Maenhoudt
18. Birthplace: Kansas
(City, town, or county) (State or foreign country)
14. Maiden name: Mrs. J. M. Maenhoudt
15. Birthplace: Parkville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Julia Maenhoudt
(b) Address: 3034 Oakley

17. (a) Burial (Burial, cremation, or removal): Burial
(b) Date thereof: 9-20-40
(Month) (Day) (Year)
(c) Place: Calvary Cemetery

18. (a) Signature of funeral director: H. M. Croive
(b) Address: 115 B

19. (a) Aug. 19, 1940
(b) H. M. Croive
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Jac.**
(If outside city or town limit, write "RURAL")
(d) Street No. **3034 Oakley** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 17 40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6:00 P.M. 1940
the _____ day of _____ 19____;
and the death occurred on the date and hour stated above.

Immediate cause of death:
Central hemorrhage
Fracture of the skull
Traumatic injury to head
Traumatic tear of posterior vaginal wall and fourchette

Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): **Accident**
(b) Date of occurrence: **8-17-40**
(c) Where did injury occur?: **K.C.** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work _____ (Specify type of place)
Means of injury: **Don't know**
23. Signature: H. M. Croive (M. D. or other)
Address: **K.C. Mo.** Date signed _____

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

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

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

Ray J. H. Maginnis

Licensed Embalmer No. *2744*

P. O. Address *A.P. 2nd*

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.