No. 2
1-10-39
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31071

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3634

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-18-40-9-14-40 (Specify whether

In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1723 Forest Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Cordelia Maupin

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Maupin

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

7. Birth date of deceased 3 (Month) 27 (Day) 1880 (Year)

8. AGE: Years 60 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Rawls County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name Richard Doolin
13. Birthplace Rawls County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Turley
15. Birthplace Rawls County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director Nathan W. Thatcher

(b) Address 1520 N. 5th Street

19. (a) Sept. 17, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 40 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from 7-18, 40, to 9-14-, 1940 that I last saw her alive on 9-14-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Hypostatic #

Due to Hypertensive Type of Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)

Address Gen. Hosp. #2 Date signed 9-16-40

(Licensed Embalmer's Statement on Reverse Side)

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. 2700

working under my personal supervision.

Signed Nathan W Shatekin

Licensed Embalmer No. 2700

P. O. Address 1520 N 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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