

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

Jackson

(a) County
(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:
1414 Highland, Apt. C-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days) **1 week**

3. (a) PRINT FULL NAME **Maggie Vance**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wm. Vance** 6. (c) Age of husband or wife if alive **Unk** years **1894**
7. Birth date of deceased **March** (Month) **Unk** (Day) **1894** (Year)

8. AGE: Years **46** Months **6** Days **?** If less than one day hr. min.

9. Birthplace **Little Rock Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business

MOTHER FATHER { 12. Name **Frank Baldwin**
18. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Williams**
15. Birthplace **Little Rock Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Lillie Harper**
(b) Address **1414 Highland, Apt. C-1**

17. (a) **burial** (b) Date thereof **10/5/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Wattkins Bros.**
1729 Lydia

(b) Address
19. (a) **10-5-40** (b) **M. M. Grone**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits write "RURAL")
(d) Street No. **3848 Page Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3rd**
year **1940** hour **10** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **10/2/40**, 19**40**, to **10/3/40**, 19**40**
that I last saw **alive** on **10/3/40**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **1st Hypertension**
Due to **2nd Myocardial Breakdown**
Other conditions (Include pregnancy within 3 months of death) **93A'**

Major findings: Of operations **None**
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 **10/5/40**
(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?

23. Signature **361 Eugene B. ...** (Specify type of place) (a) Means of injury **Who**
While at work? (M. D. or other)
Address **1214 Pine K. City** Date signed **10/4/40**

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

E. B. Perry

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 Maylow*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

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.