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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41243

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4636

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: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1126 Troost Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME STEVE MAUPIN

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

3. (c) Social Security No. No record

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife No record

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

7. Birth date of deceased Jan. (Month) 31st (Day) 1884 (Year)

8. AGE: Years 56 Months 10 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Shoemaker

11. Industry or business

MOTHER FATHER

12. Name James Maupin

13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

14. Maiden name Martha Spry

15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C.General Hospital, K.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 12-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Goodwin & Bollin

18. (a) Signature of funeral director Goodwin & Bollin

(b) Address Boonville, Missouri.

19. (a) 12-5-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1940 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov. 25th, 1940, 19..., to Dec. 4th, 1940, 19...; that I last saw him alive on Dec. 4th, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver or malingnancy of liver with metastases-diagnosis not confirmed by autopsy.

Due to

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 Henry P. Shorn (M. D. or other)

Address Med.Dir.K.C.Gen.Hospital K.C.Mo. Date signed

(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.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

*** If this body is not embalmed, fact should be so stated above.**