No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1422

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 382

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours (Specify whether years, months or days)
In this community 45 Years

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. 1800 East 48th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Maurice S DeFever
3. (b) If veteran, name war World War Vet.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. LaUna M. DeFever
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April (Month) 3 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
45	9	21	hr. min.

9. Birthplace Topeka (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Personnel Department
11. Industry or business County Surveyor's Office
FATHER
12. Name Pierce DeFever
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Josephine Unknown
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs LaUna DeFever
(b) Address 1800 E 48th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director J. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan 27 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th year 1941 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Jan 24 1941 to Jan 24 1941; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary disease

Due to Coronary sclerosis

Due to 94 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Coronary sclerosis

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Menorah Hospital (City or town) Jackson (County) Mo (State)
While at work (Specify type of place) (e) Means of injury
23. Signature Jacob Cohen (M. D. or other) M.D.
Address 1700 Professional Bldg Date signed 1/27/41

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1941

SEP 20 1957

12:30-3

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 C. Hervey Rusenbe

Licensed Embalmer No. 4070

P. O. Address C Mo

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.