

No. 2
-1-4-41
5-17-39
1 X26390

DEPARTMENT OF COMMERCE **FILLED** JUN 10 1949 MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. 17171
Registrar's No. 1833

Registration District No. 399 Primary Registration District No. 1002

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:
5624 Highland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5624 Highland Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Sarah E. Maine
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1941 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Apr 28
1941 to May 9 1941
that I last saw her alive on May 8 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Frank L. Maine
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12 1857
(Month) (Day) (Year)

Immediate cause of death
arteriosclerotic heart disease & fracture 1 day
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
84 1 28 hr. min.

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations no operation
Of autopsy no autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Westwalworth New York
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
MOTHER FATHER { 12. Name Henry U. King
13. Birthplace Orleans New York
(City, town, or county) (State or foreign country)
14. Maiden name Ruth E. White
15. Birthplace Walworth New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Murray A. Maine
(b) Address 5624 Highland Avenue

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? _____

17. (a) Burial (b) Date thereof May 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or crematory Mt. Moriah Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) May 9 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. H. Valentine (M. D. or other) _____
Address 1124 Prof. Dr. Bldg. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

2 nos

Prepared by 10/19/77

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 *H. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address *H. C. Newcomer*

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, fact should be so stated above.