No. 2
4-13-40
5-17-39
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17209
1871

327 S. Van Brunt.

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

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: 315 N. Lawn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Over 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 315 N. Lawn 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Justus Maienschein

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

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lillian Maienschein

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

7. Birth date of deceased: May (Month) 6 (Day) 1885 (Year)

8. AGE: Years 56 Months 0 Days 3 If less than one day hr. min.

9. Birthplace: Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Grocer

11. Industry or business: Owner

FATHER
12. Name: No Record
13. Birthplace: " " (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant: William H. Maienschein
(b) Address: 315 N. Lawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) May 12 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 27, 1940 to May 9, 1941; that I last saw him alive on May 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Insufficiency — Duration 45 min.
Due to: Cardiac Hypertrophy — yrs.
+ Arterial Hypertension — yrs.
Due to: Chronic Glomerulonephritis — yrs.
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis — yrs.

Major findings:
Of operations: 131
Of autopsy: 131 C

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): No
(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?
While at work (Specify type of place) (e) Means of injury

23. Signature: Jesse D. Rising (M. D. or other) MD
Address: 110 Bryant Bldg. Date signed 5-10-41

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.
VI 0848

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

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

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