S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24037

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2576

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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: 2431 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 16 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 2424 Harrison 1st - south
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Maupin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 3

5. Color race Col

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

6. (b) Name of husband or wife Thomas Maupin

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 12 (Day) 1896 (Year)

8. AGE: Years 45 Months 4 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Samuel Brooks
13. Birthplace Crockett (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Mary Eliza Baker
15. Birthplace Grapeland (City, town, or county) Texas (State or foreign country)

16. (a) Informant Thomas Maupin
(b) Address 2424 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 10 (Day) 1941 (Year)
(c) Place: burial or cremation Crockett Texas

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 7-8-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 1 minute 15P. M.

21. I hereby certify that I attended the deceased from June 25th, 1941, to July 3rd, 1941 that I last saw her alive on July 3rd, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

Due to ~~Arterial Sp~~ Arteriosclerosis Coronary Arteries

Due to

Other conditions 9 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 94 V
Of autopsy none

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 L. B. Guggenheim (M. D. ~~Dealer~~)
Address 2202 East 18 Date signed 7/6/41

(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.....3836.....

P. O. Address.....

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.