

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
St. 3262 Holmes Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community Since July 4th, 1941. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, 1st  
year 1941 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from July 31  
1941 to August 1, 1941;  
that I last saw her alive on July 31, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Malaria Duration 1 wk

Due to Cerebral Arteriosclerosis ? yrs

Due to Hypertensive Cardiovascular dis

ARTERIO SCLEROTIC  
Other conditions Chronic Nephritis  
(Specify pregnancy within 3 months of death)  
Chronic cholecystitis & cholelithiasis

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above 126

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. M. Groves (M. D. or other) D  
Address 1103 Grand Ave #730 Date signed 8/1/41

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

3. (a) PRINT FULL NAME Mrs. Effie Maj Maben,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 5 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 27 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Malone,

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

14. Maiden name Unknown,

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

16. (a) Informant Walter Maben,

(b) Address Poplar Bluff, Missouri,

17. (a) Removal (b) Date thereof 8-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Missouri,

18. (a) Signature of funeral director: Stine & McClure,  
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8/2/41 (b) M. M. Groves  
(Data received local registrar) (Registrar's signature)

SEP 9 1924

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. C. Mo

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, above space should be left blank.