

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4903

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: 1309 Kensington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community about 25 yrs
years, months or days

3. (a) PRINT FULL NAME Bip Marques Mauvin

3. (b) If veteran, name war _____

3. (c) Social Security No. no

2. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife Melisse Mauvin

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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 Melisse Mauvin

(b) Address 1924 Olive

17. (a) burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Pine St. No. 710

19. (a) 12-31-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1309 Kensington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 1941 hour _____ minute 30 M. A.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw the deceased _____ and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Congestive

Due to Hypertensive Myocardium

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Russell W. Sen (M. D. or other) _____

Address KC, Mo. Date signed _____

APR 20 1942

MAR 7 1942

MAR 9 1942

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. Sterling Bells*

Licensed Embalmer No. *3178*

P. O. Address *1212 W. Ave*

- 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.