

JAN 13 1942 85

Registration District No.

Primary Registration District No. 1001

State File No.

Registrar's No. 1202

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: S. 21 # 22
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 ds.
(Specify whether years, months or days)
 In this community 12 days

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. 2705 Linwood
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Charles E. Mayse

(b) If veteran, name war No Information (c) Social Security No Information

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
 year 1941 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 16, 1941;
 that I last saw him alive on Dec 16, 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amanda S. (Pittman) Mayse 6. (c) Age of husband or wife if 43 years
 7. Birth date of deceased: Feb. 18 1872
(Month) (Day) (Year)

Immediate cause of death: Broncho-pneumonia
Arteriosclerosis
 Duration 1 W.K.
X

8. AGE: Years Months Days If less than one day
69 10 8 hr. min.

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 107
 Of autopsy

9. Birthplace Plattsburg Omo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Common laborer

11. Industry or business
 12. Name Jno. B. Mayse
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Mason
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

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) 0
 (c) Means of injury

16. (a) Informant Mrs. C. E. Mayse
 (b) Address 2705 Linwood K.C. Mo.
 17. (a) Removal (b) Date thereof 12-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation With K.C. Snp.
 18. (a) Signature of funeral director Walter L. ...
 (b) Address With K.C. Snp.
 19. (a) Dec 17 1941 (b) K. D. ...
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Dell (M. D. or other)
 Address St. Joseph Date signed 12/16/41

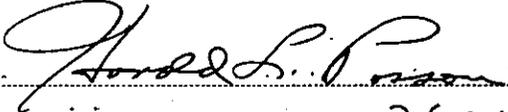
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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. 3605

P. O. Address. North Me No

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.