

Registration District No. 399

Primary Registration District No. 1002

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: St. Luke's Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week,  
(Specify whether years, months or days)

In this community 40 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

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

(d) Street No. 321 Ward Parkway,  
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Desdemona Maitland,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th,  
year 1942 hour 3:30 minute A. M.

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

6. (b) Name of husband or wife Alexander Maitland, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased October 2 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17 May 1942 to April 28 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>26</u>	<u>hr. min.</u>

Immediate cause of death Cancer of uterine cervix 2 yrs.

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

Due to 488

Due to

10. Usual occupation at home,

Other conditions Liver Metastases  
(Include pregnancy within 3 months of death)

11. Industry or business X

PHYSICIAN

Major findings:  
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Benjamin Henderson,

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

14. Maiden name Rebecca Celispie,

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

16. (a) Informant Mrs. E. K. DeWeese,  
(b) Address 2108 West 69th St., K., C., Mo.

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?

17. (a) Burial (b) Date thereof 4-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

While at work? (Specify type of place)

(c) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 4/29/42

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K., C., Mo.

19. (a) 4-29-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Dr. Willitts

*Prof. H. R. M.*

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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... *E. M. Plank* .....

Licensed Embalmer No. *1848* .....

P. O. Address *K. 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; fact should be so stated above.