. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16936

State File No.

Registration District No. 399 | Primary Registration District No. 6002 | Registrar's No. 2291

48 3 8

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: 3141 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 47 Years

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.: 3141 Mercier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MAGGIE ELLSWORTH
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fe. 1
5. Color or race: Wh.
6. (a) Single, married, widowed, divorced: Widow
6. (b) Name of husband or wife: Horace G.
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: April (Month) 18, (Day) 1858 (Year)

8. AGE: Years 84 | Months 1 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: 4 Germany
(City, town, or county) (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: None
FATHER
12. Name: Benjamin Kupper
13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant: J. F. Ellsworth
(b) Address: 6427 E. 13th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.
19. (a) 6-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 10
year: 1942 hour: 6 minute: A. M.
21. I hereby certify that I attended the deceased from Jan 1 1940, 19__, to June 10 1942; that I last saw her alive on June 10 1942, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficiency
Due to: Arterial sclerosis
Due to: 93E
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration: several years 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: Olaf Coleman (M. D. or other) MD
Address: 6047 E 15 St (b) Date signed: 6/11/42

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(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 W. D. Blackman

Licensed Embalmer No. 3639

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.