

FILED JUN 18 3 39 PM '42
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2255

4838
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:
207 1/2 West 5th St
(If not in hospital or institution, write street number or location)

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

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 207 1/2 West 5th St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES E. MAXEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary Maxey

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

7. Birth date of deceased Dec 1st 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 42 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;

that I last saw him alive on _____ 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St Jos Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business self

MOTHER FATHER { 12. Name Edw Maxey 4

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

14. Maiden name Mary Mulholland

15. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Barker

(b) Address 1521 Hardy Toney Mo

17. (a) Burial (b) Date thereof 6/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem Mo

18. (a) Signature of funeral director Walter B Reynolds

(b) Address 12 C. M. N. Crow

19. (a) 6/9/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pulmonary hemorrhage

Due to non tuberculous chronic
fracture with fistula
of chest.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 106 B

Major findings:
Of operations _____

Of autopsy inspiration

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) _____ (e) Means of injury _____

23. Signature Walter B Reynolds (M. D. or other) _____

Address 12 C. M. N. Crow Date signed 6/8/42

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.....

P. O. Address.....

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.