

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 1070Registration District No. 149Primary Registration District No. 1002

## 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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community 20  
years, months or days)

3. (a) PRINT FULL NAME Eva Maider3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if alive 24 years  
 7. Birth date of deceased Sept 23 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 34 If less than one day  


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 hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Unknown 9  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 9  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of Hosp.(b) Address K.C. Mo.17. (a) Burial (b) Date thereof March 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director R. A. Fulton(b) Address 1319 North 17th St. K.C.K.19. (a) 3-2-43 (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. 6900 Montgall  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th  
 year 1943 hour 5 minute 20 P. M.21. I hereby certify that I attended the deceased from 2-25-43 19\_\_\_\_ to 2-27-43 19\_\_\_\_;  
 that I last saw her alive on 2-27-43 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive heart disease with cardiac failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 9:30  
(Include pregnancy within 3 months of death)Major findings:  
 Of operations \_\_\_\_\_Of autopsy None

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) (a) Means of injury23. Signature Amey R. Howard (M: D. or other) \_\_\_\_\_  
 Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

**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.....

*R. A. Fulton*

Licensed Embalmer No. *1307*

P. O. Address. *1319 N. 18<sup>th</sup> St. KC*

**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.**