S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5352

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 560

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: 128 Mulberry ave Viaduct. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 13 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 8
(d) Street No. 1705 JEFFERSON (If rural, give location)
(e) Citizen of foreign country? No - (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert John Maxfield
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex MALE
5. Color or race wht
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MADGE MANSFIELD
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased NOV (Month) 21 (Day) 1900 (Year)

8. AGE: Years 42 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace NEOLA, IOWA. (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business none
FATHER
12. Name CHARLES MAXFIELD
13. Birthplace NEOLA IOWA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NELLIE McGINTY
15. Birthplace DE WITT, IA. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Irona Weston
(b) Address 4019 Warwick.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill
18. (a) Signature of funeral director Herbert Funeral Home
(b) Address 2332 Montgo. K.C. Mo
19. (a) 2-3-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1943 hour 9:30 minute a. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion chronic myocardial infarction

Due to 94a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy see above

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 [signature] 3 (M. D. or other)
Address K.C. Mo. Date signed 2/2/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1948

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 Oscar Samuelson

Licensed Embalmer No. 3002

P. O. Address 2332 Monitor

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.