S. No. 2
M—5-42
v. 5-17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9197

Registration District No. 49 (FILED MAR 25 1943)

Primary Registration District No. 1002

Registrar's No. 1359

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: Trinity Lutheran Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less 1 hr (Specify whether In this community less than 1 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2604 E. 36th (If rural, give location)

(e) Citizen of foreign country? No (~~Yes or~~ No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Baby boy Maxwell

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: March (Month) 12 (Day) 1943 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hr. 20 min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: ✓ infant

11. Industry or business: ✓

FATHER
12. Name: Thomas Curtis Maxwell
13. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Mary E Snider
15. Birthplace: Gleese (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mother

(b) Address: 2604 E 36th K.C. Mo

17. (a) Laboratory Specimen (Burial, cremation, or removal) (b) Date thereof: 3 (Month) 12 (Day) 1943 (Year)

(c) Place: burial or cremation: Laboratory Specimen

18. (a) Signature of funeral director: None trinity Hosp.

(b) Address: K.C. Mo.

19. (a) 3-19-43 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 12. year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 12, 1943, to March 12, 1943 that I last saw him alive on ..., 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity 6½ Mos Multiple deformities cleft palate + hare lip

Due to

Due to 159

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: Same

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): None

(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: Eugene H. Ferguson MD (M. D. or other)

Address: 933 Dwy Bldg Date signed

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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.....

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.