

FILED MAR 9 1944
Registration District No. **149**

Primary Registration District No. **1002**

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:
448 West 70th Terrace, /
 (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 since 1916 years, months or days)

3. (a) PRINT FULL NAME George Forrest Maitland
 3. (b) If veteran, name war Spanish American
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Una Sevier Maitland 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased March 31 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 26 27 hr. _____ min.

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

10. Usual occupation Vice President

11. Industry or business Kansas City Bridge Co.

MOTHER FATHER { 12. Name Alexander Maitland,
 13. Birthplace Canada (City, town, or county) (State or foreign country)
 14. Maiden name Mary Oliphant
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Una Sevier Maitland,
 (b) Address 448 W. 70th Ter., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-3-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 2-29-44 (b) H. E. Brown
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, (If outside city or town limits, write "RURAL")
 (d) Street No. 448 West 70th Terrace (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 28th
 year 1944 hour 9:45 minute P M.
 21. I hereby certify that I attended the deceased from 2-28-44 to 2-28-44
 that I last saw him alive on 2-28-44, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Duration _____
 Due to Arteriosclerosis
Hypertension
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy 8301
 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 H. E. Brown (M. D. or other) _____
 Address 924 1/2 W. 12th St. Date signed 2/29/44

Dr. Don R. Black

Prof. B. G. G.

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 *E. M. Plank*

Licensed Embalmer No. *1848*

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.