. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

Registration District No. 13

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14440

Primary Registration District No. 3014

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 128 N. Leonard St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: 128 N. Leonard St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Katie May Maltby

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

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry J. Maltby

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: November (Month) 18 (Day) 1884 (Year)

8. AGE: Years 59 Months 4 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Mt. Gilliad (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: Henry D. Anderson
13. Birthplace: Mt. Gilliad (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Susan G. Gosney
15. Birthplace: Mt. Gilliad (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Harry J. Maltby
(b) Address: 128 N. Leonard St. Liberty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 17, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairveiw-Liberty, Mo.

18. (a) Signature of funeral director: O. Garden Jr.
(b) Address: 119 E. Franklin St. Liberty, Mo.

19. (a) Apr. 17-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

926 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1944 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 14 1937 to April 14 1944 that I last saw her alive on April 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus & Right Ovary — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

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: Dudley Maltby (M. D. or other) M.D.
Address: Liberty Mo. Date signed 4-17-44

RECEIVED
Date Filed 5-8-44

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 O J Carden Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.