

P. S. No. 2
DOM-5-43
ev. 5-17-39
No. 1 X36871

State File No. **23799**
3207
Registrar's No. _____

FILED AUG 14 1944

Registration District No. _____

Primary 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:
3245 Oak Street
(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 **12 years**, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Charley J. Maish**

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. **487-05-2913**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Leone Maybelle Maish** 6. (c) Age of husband or wife if alive **unknown**
7. Birth date of deceased **April 29 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 3 13 hr. min.

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

10. Usual occupation **Wholesale Cosmetics**

11. Industry or business **X**

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

16. (a) Informant **Mrs. Leone Maybelle Maish**

(b) Address **3245 Oak St., Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **8-5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gilham Plaza, K. C., Mo.**

19. (a) **8-5-44** (b) **D. E. Brown**
(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. **3245 Oak Street**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2nd**
year **1944** hour **7:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 6th**
1944 to **Aug. 1st 1944**
that I last saw him alive on **Aug. 1st 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis (infarct of heart muscle)**
Due to **Coronary sclerosis**
Due to **Degenerative disease of artery (arteriosclerosis)**
Other conditions **spinal arthritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **87.1**
Of autopsy **arterial disease of Coronary with thrombosis**

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)
23. Signature **Carroll Hellen** (M.D. or other)
Address **1010 Dupon Bldg.** Date signed **8/5/44**

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. E. P. Heller

AUG 16 1944

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 *Paul J. Ballew* -

Licensed Embalmer No. *4206*

P. O. Address *K. C. Missouri.*

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.