S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40253
5350

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

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: 508 Main in Vacant Bldg.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: dont know 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 501 Main (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 3

3. (a) PRINT FULL NAME: John R. Maugham
3. (b) If veteran, name war: World War One
3. (c) Social Security No.: dont know
4. Sex: M. 0
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M. 1
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: dont know (Month) (Day) (Year)
8. AGE: Years: aprox. 52 Months: Days: If less than one day ____ hr. ____ min.
9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Unknown
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Jackson County Coroner
(b) Address: Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Wadsworth, Kans.
18. (a) Signature of funeral director: H. Tigerman & Sons
(b) Address: Kansas City, Mo.
19. (a) 1-30-44 (Date received local registrar) (b) T. E. Broom (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1944 hour 12:10 minute P M.
21. I hereby certify that I attended the deceased from Deputy Coroner 19__, to ____ 19__; that I last saw h__ alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Glaucoma
Due to: Injury to Cell
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: No op.
Of autopsy: History & Inspection

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): accident
(b) Date of occurrence: 12-25-12:46 PM
(c) Where did injury occur? 501 Main K.C. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury:
23. Signature: J. N. Olsen O (M. D. or other)
Address: K.C. Mo. Date signed: 12/26/44

361 (Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

JAN 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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Pagman

Licensed Embalmer No. 2744

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.