

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13270**
Registrar's No. **1919**

FILED MAY 6 1946
Registration District No. **197**

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:
2736 Mersington /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... **37 years** (Specify whether years, months or days)

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... **2736 Mersington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME **Ted Lee Maupin**

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 **Single**

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased **August 4, 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 18 18 hr. min.

9. Birthplace **Franklin Jct. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FRANKLIN JUNCTION Mo. Switchman**
A. T. & S. F.

11. Industry or business

12. Name **Richard Maupin**

13. Birthplace **Glasgow Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Maude Conklin**

15. Birthplace **Springfield, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Brock**

(b) Address **2736 Mersington**

17. (a) **Burial** (b) Date thereof **4/25/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **4-25-46** (b) **Eveline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22**
year **1946** hour **7:15** minute **AM**

I hereby certify that I attended the deceased from **4-22-46** to **4-22-46**, 19... to 19...
that I last saw him **DEPUTY CORONER** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Aspiration Pneumonitis**

Due to **Acute Alcoholism**

Due to

Special conditions **108**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Nil**

Of autopsy **SEE ABOVE**

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? **A. E. Upsher** Means of injury **D**

23. Signature **A. E. Upsher** (M. D. or other) **M.D.**

Address **2800 MAIN, K.C. Mo.** Date signed **4-23-46**

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

1211111111

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

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.