

FILED JAN 13 1947

Registration District No. 197

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (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. 6515 Holmes (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred Maynes

3. (b) If veteran, name war no 3. (c) Social Security No. 564-12-3647

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>1</u>	<u>14</u>	hr. min.

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

10. Usual occupation Diemaker

11. Industry or business Briggs Body Works

12. Name Chas. Maynes

13. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Metty

15. Birthplace Monroe Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Maynes

(b) Address 6515 Holmes, K. C., Mo.

17. (a) Burial (b) Date thereof 12-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 12-31-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th  
year 1946 hour 2:00 minute A.M. M.

21. I hereby certify that I attended the deceased from 12-27-46 to 12-29-46  
that I last saw him im alive on 12-29-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tbc - far advanced.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 138

Of autopsy none

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. K.C. Gen. Hosp. 12-30-46

WRITE PLAINLY - USE UNFADING BLACK INK - WRITE IN

MOTHER, FATHER

**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 Blu E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.