

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1226

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 299

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: SMITH GRIEVES COMPANY-1701 WASHINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON
(c) City or town OVERLAND PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 8344 BRYEFLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. EMMETT MALTBY

3. (b) If veteran, name war no 3. (c) Social Security No. 496-01-1305

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. BEULAH MALTBY 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased JUNE 6 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 14 hr. min.

9: Birthplace NEVADA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation knotype

11. Industry or business Smith Grievess company

12. Name MALTBY

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

14. Maiden name LILLIAN LEE

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

16. (a) Informant miss Beulah Maltby

(b) Address Overland Park Kansas

17. (a) Removal (b) Date thereof Jan 21 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corneth Cemetery Overland Park

18. (a) Signature of funeral director D. H. Newcomer, Inc.

(b) Address 1401 BROAD CREEK BLVD

19. (a) 1-21-47 (b) Shalaine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20TH
year 1947 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from _____, 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 Deputy Coroner Duration
Acute Posterior Occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94a **PHYSICIAN**
Of operations _____

Of autopsy See Above - 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? _____

While at work _____ (Specify type of place) (c) Means of injury _____

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

Address 2800 Main Date signed 1/20/47

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

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 E. Cecil Hottel

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.