

No. 2  
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-5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9267

State File No. ....

FILED APR 14 1947

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1495

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:  
3244 Myrtle Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3244 Myrtle Avenue 8  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Laura Lee MAXWELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 th

year 1947 hour 11:30 minute A.M. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Harry Maxwell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 23, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-11-1947 to 3-30-1947

that I last saw her alive on 3-11-47 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 60 Days 5 7

If less than one day hr. min.

Immediate cause of death Coronary sclerosis

Due to Arteriosclerosis

Due to.....

Other conditions (include pregnancy within 3 months of death).....

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Invalidated at HOME

Major findings: 932

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name James Cullers

13. Birthplace U. known Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Coble

15. Birthplace U. known Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ryth Ellen Maxwell, Dau.,

(b) Address 3244 Myrtle, K.C.Mo.

17. (a) Burial (b) Date thereof 4/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

22. If death was due to external causes, fill in the following:

(c) 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?.....

(a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 Linwood, K.C.Mo.

19. (a) 3-31-47 (b) G. Sheldine Holmes  
(Date received local Registrar) (Registrar's signature)

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

23. Signature G. Sheldine Holmes (M. D. or other) 2

Address 2603 E 31 Date signed 3/31/47

(Licensed Embalmer's Statement on Reverse Side)

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

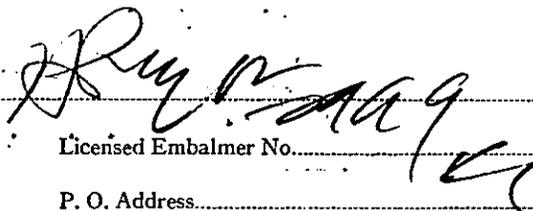
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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.**