

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
Missouri State Health Commission
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38316**
Registrar's No. **5047**

Registration District No. **149** 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:
Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether
In this community **22 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **47**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3002 East 20th, St.** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **George Mashburn**
3. (b) If veteran, **No** **3. (c) Social Security** **486-10-795**
name war No. No.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Glessie Mashburn**
6. (c) Age of husband or wife if **55**
alive years
7. Birth date of deceased **Sept. 15th, 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	16	hr. min.

9. Birthplace **Fort Scott Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**
11. Industry or business **K. C. Power & Light Co.**

MOTHER { **12. Name** **Levi Mashburn**
13. Birthplace **N. C.**
14. Maiden name **Jetta or Anna Brewer**
15. Birthplace **N. C.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Larry Mashburn**
(b) Address **2614 East 15th, St.**

17. (a) Burial **(b) Date thereof** **12/ 3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills Cem.**

18. (a) Signature of funeral director **Earp & Sons**
(b) Address **4139 East 15th, St.**

19. (a) 12-1-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **1**
year **1947** hour **2** minute **4** M.
21. I hereby certify that I attended the deceased from **Nov. 25**
1947 to **Dec 1** **1947**
that I last saw him alive on **Nov 30** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatation of Heart	4 days
Due to Encephalo malacia	6 days
Due to Generalized arteriosclerosis	Not known
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations **330**
Of autopsy **Acute Dilatation of Heart**
Encephalo malacia & Generalized Arteriosclerosis

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? _____

23. Signature **John M. Powers** (M. D. or other) **MD**
Address **3904 Linwood Blvd** **Date signed** **12/1/47**
(Specify type of place) (e) Means of injury **0**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

John B. Camp

Licensed Embalmer No. *12955*

P. O. Address. *N. C. SMO*

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.