

S. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

1948
State File No.
Registrar's No. 2566

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: 1 day 10 hrs.
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1304 Holmes
(e) Citizen of foreign country? Unknown
If yes, name country

3. (a) PRINT FULL NAME Ed Maples

3. (b) If veteran, name war None
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

7. Birth date of deceased Unknown (About 1880)

8. AGE: Years 68, Months ?, Days ?, If less than one day

9. Birthplace Unknown

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Record Clerk

(b) Address K.C. General Hosp. #1

17. (a) Burial (b) Date thereof 6-4-48

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address
19. (a) 6-19-48 (b) Signatures

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 10 1948 to May 11 1948
that I last saw him alive on May 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated peptic ulcer

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?
(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 of Medical Director

Address: Med. Dir. Gen'l Hosp. Date signed 5-22-48

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

See Suburban

~~Frank~~

~~Frank~~

Miss Loretta Gillespie

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 Wm A. Johnson

Licensed Embalmer No. 3089

P. O. Address TC MD

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.