No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29868

FILED OCT 1 1948

Registration District No. 1002 — Primary Registration District No. 1002 — Registrar's No. 3777

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: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether)
In this community: 2 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Montgomery
(c) City or town: Coffeyville (If outside city or town limits, write "RURAL")
(d) Street No.: 602 Beach (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Stephen Richard Mahan
3. (b) If veteran, name war: — no
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: — years
7. Birth date of deceased: Sept (Month) 10 (Day) 1948 (Year)
8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.
9. Birthplace: Coffeyville (City, town, or county) Kans. (State or foreign country)
10. Usual occupation: Infants
11. Industry or business: —
MOTHER FATHER
12. Name: Herbert Mahan
13. Birthplace: Coffeyville (City, town, or county) Kans (State or foreign country)
14. Maiden name: Elizabeth Barker
15. Birthplace: Welch (City, town, or county) Okla. (State or foreign country)
16. (a) Informant: Father Herbert W. Mahan
(b) Address: 602 Beach Coffeyville Ks
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Coffeyville Ks.
18. (a) Signature of funeral director: P. G. Fulton
(b) Address: 1319 No 18th K.C. Kans.
19. (a) 9-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th year 1948 hour 7 minute 04 A.M.
21. I hereby certify that I attended the deceased from Sept ~~12th~~, 1948, to Sept 14, 1948, that I last saw him alive on Sept 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Meconium Ileus
~~Due to~~ Fibro-Cystic disease
~~Due to~~ of Pancreas
Other conditions (Include pregnancy within 3 months of death): Ileo-colostomy

Duration

Major findings:
Of operations: Same
Of autopsy: Same

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: O. C. H. Schmidt (M. D. or other)
Address: Mercy Hospital Date signed: 14 Sept 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 M. M. Swisher

Licensed Embalmer No. 35-05

P. O. Address K. C. Ks

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.