No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29872

Registrar's No. 3793

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KC Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 13 hrs. 6 min. (Specify whether
In this community 1 day 13 hrs 6 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 4101 E. 26th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Michael Warren Mauch

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male O

5. Color or race W

6. (a) Single, widowed, married, divorced N.B. O

6. (b) Name of husband or wife —

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

7. Birth date of deceased 9 (Month) 13 (Day) 48 (Year)

8. AGE:

Years	Months	Days	If less than one day
—	—	1	13 hr. 6 min.

9. Birthplace KC (City, town, or county) Mo. (State or foreign country)

10. Usual occupation newborn

11. Industry or business

FATHER
12. Name Donald E. Mauch
13. Birthplace Goodrich (City, town, or county) N. Dakota (State or foreign country)

MOTHER
14. Maiden name Helen Lucille Augustine
15. Birthplace Goodrich (City, town, or county) N. Dakota (State or foreign country)

16. (a) Informant father Donald Mauch

(b) Address 4101 E. 26th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Frank Tobin

(b) Address 20 W Linwood

19. (a) 9-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15 year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from ~~9-13~~, 1948 to ~~9-15~~, 1948 that I last saw him alive on ~~9-15~~, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subarachnoid	
Due to Hemorrhage	
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See Above	

1600

PHYSICIAN

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? Pathological (Specify type of place)

While at work? (e) Means of injury

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

Address 2800 Main Date signed 9/15/48

(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.....

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.