

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12565

State File No.

1465

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>U</u> c. LENGTH OF STAY (in this place) <u>2 Wks-3 days</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>516 So. Lawndale</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Mauzey</u>	
5. SEX <u>Male</u> <u>U</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 18, 1864</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>✓</u> Days <u>✓</u>		IF UNDER 12 HRS. Hours <u>✓</u> Min. <u>✓</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>30</u> <u>1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self.</u>		11. BIRTHPLACE (State or foreign country) <u>Edgerton Missouri</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lawson Mauzey</u>		13b. MOTHER'S MAIDEN NAME <u>Clara M^s Clery</u>		14. NAME OF HUSBAND OR WIFE <u>Hottie Mauzey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Middleton 814 E 21 Ave N.K.C.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 12, 1949</u> , to <u>March 30, 1949</u> , that I last saw the deceased alive on <u>March 30, 1949</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. Hart MD</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>3-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camden Point Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Point Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-1-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED APR 16 1949

Dr. Rogers

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Theron O. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. *3928*

P. O. Address _____

North Kansas City

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.