

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16911**  
**2178**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> c. LENGTH OF STAY (in this place) <b>31 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> d. STREET ADDRESS (If rural, give location) <b>603 East 14th Street</b>					
3. NAME OF DECEASED a. (First) <b>MAURETH</b> b. (Middle) _____ c. (Last) <b>PRINCE</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>3</b> Year <b>1950</b>						
5. SEX <b>3</b> <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 11 1917</b>			
9. AGE (in years last birthday) <b>32</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>LEXINGTON, MISSOURI</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>MELVIN CAHILL</b>		13b. MOTHER'S MAIDEN NAME <b>PEARL</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM PRINCE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM PRINCE</b>				ADDRESS <b>603 East 14th Street</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSIVE HEART DISEASE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>4 1/2 X</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>CARDIAC DILATATION &amp; HYPERTROPHY CHRONIC GLOMERULONEPHRITIS</b>				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) _____ m.		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 <b>4-12</b> , 19 <b>50</b> , to <b>5-3</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5-3</b> , 19 <b>50</b> , and that death occurred at <b>8:55P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Frank Ellis</b> (Degree or title) _____				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>5-4-50</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANSAS</b>			
DATE REC'D BY LOCAL REG. <b>5-12-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros</b>		ADDRESS <b>1729 Lydia</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *R. J. Monroe*

Licensed Embalmer No. 3974

P. O. Address 2508 Highland

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.