

STANDARD CERTIFICATE OF DEATH

State File No. **21527**

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **101**

24
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 days years, months or days

3. (a) PRINT FULL NAME Mary Maguire 221

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 20 1899
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Albert Maylow

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Miller

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. G. Mitchell

(b) Address 1871 St Vincent St St Louis Mo

17. (a) Removal (b) Date thereof July 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation E. St Louis Ill.

18. (a) Signature of funeral director Calvin Richard

(b) Address Excelsior Springs Mo

19. (a) July 2-1940 (b) Mrs Reed M. Crocker
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County _____
(c) City or town New Brunswick
(If outside city or town limits write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. About 25 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1940 hour about 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 25 1940, to June 30 1940;

that I last saw her alive on June 30 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 7 da.

Due to new growth metastases in medulla

Due to Carcinomatosis, primary of no in rectum

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy none

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature J. M. G. Mitchell (M.D. or other) _____ Address Excelsior Springs Mo Date signed 6/30/40

Date Filed 4-16-40
District File Number
District Health Officer No. 8

RECEIVED

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.....

Robert Ray

, Registered Apprentice No. 226

working under my personal supervision.

Signed Clair Richard

Licensed Embalmer No. 2751

P. O. Address Excelsior Spgs. Minn.

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, above space should be left blank.