No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27495
Registrar's No. 3128

Registration District No. 399 Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**
(a) County Jackson County
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City Conven. Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community yes
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State 6 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3920 Agnes
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Maxwell 240
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
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 June (Month) 28th (Day) 1858 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 1 | 7 | hr. min. |

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)
10. Usual occupation HoNone
11. Industry or business
FATHER
12. Name Martin Maxwell
13. Birthplace Indiana (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Belinda Cusey
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Authur E. Maxwell
(b) Address 3920 Agnes
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Baldwin, Kans
18. (a) Signature of funeral director Rog. Walter
(b) Address 7406 Wausee
19. (a) Aug 5, 1940 (Date received local registrar) (b) M. M. Drowel (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 4th year 1940 hour 8 minute 30 a M.
21. I hereby certify that I attended the deceased from June 22, 19__, to __, 19__; that I last saw her alive on Aug 3, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to arteriosclerosis | |
| Due to 97 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature A. P. Lawrenzone (M. D. or other)
Address 428 S White Date signed 8-9-40

(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 Harlyn Roe, Registered Apprentice No. ....., working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address 7406 - [illegible]

**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.**