

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37221
 Registrar's No. 4885

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4885

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
805 Euclid
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 55 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME MAUD DOSSETT

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jack Dossett 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 1884
 (Month) (Day) (Year)

8. AGE: Years 59 Months Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Bud Tutt

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

14. Maiden name Emma James

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

16. (a) Informant Earl Rich

(b) Address 805 Euclid

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/22/43
 (Month) (Day) (Year)

(c) Place: burial or cremation Warransburg, Mo.

18. (a) Signature of funeral director Mathew Bree

(b) Address 1729 Lydia Avenue

19. (a) H. A. B. (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 805 Euclid
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 17 day Wednesday
 year 1943 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from 11/17/43 to 11/17/43
 that I last saw her alive on 11/17/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency 24 hr.
 Duration

Due to Hypertension

Due to Pulmonary Edema

Other conditions Pneumonia nephritis
 (Include pregnancy within 3 months of death)

Major findings: Of operations 9503
 Of autopsy.....
 PHYSICIAN

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. Baldwin (M. D. or other)

Address 3131 824th St. C.K. Date signed 11/18/43

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

W.W. Caldwell.

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 *Jerome Menlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 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.