

No. 2
M-5-43
5-17-39
X38671

FILED APR 2 1946
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution:
911 Highland 1
(d) Length of stay: In hospital or institution.....
In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 911 Highland
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Maggie R. Middleton
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 17
year 1946 hour 2 minute 45A M.

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Frank Middleton
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. 7, 1880

21. I hereby certify that I attended the deceased from October, 1944, to March 17, 1946.
that I last saw her... alive on March 17, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive type heart disease Duration 18 mos.

8. AGE: Years 65 Months 5 Days 10
If less than one day hr. min.

Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Cooper Co. Mo.
10. Usual occupation Housewife
11. Industry or business
12. Name Peter Henderson
13. Birthplace Mo.
14. Maiden name America
15. Birthplace Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Middleton
(b) Address 911 Highland
17. (a) Burial (b) Date thereof 3-20-46
(c) Place: burial or cremation Lansing Cemetery
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 3-18-46 (b) Seraldine Holmes

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other) MO
Address 5454 Wing Date signed 3-18-46

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. T. Moore*

Licensed Embalmer No..... *948*

P. O. Address.....

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.