

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1942

Registration District No. 400

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5553

18146

State File No. _____

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Primer Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the Aged & Infirm
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution: 30 Days
In this community: 30 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 W Short, Indep. Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matilda Maxey Matilda Jane Maxey

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 8th
year 1942 hour 2 minute 30 P.M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George Maxey 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: May 29 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-9 1942 to May 8 1942
that I last saw him alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Metral resurgitation Duration _____

8. AGE: Years 60 Months 11 Days 9 If less than one day
hr. _____ min. _____

Due to _____

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

Due to _____

10. Usual occupation Housewife

Other conditions: 92 lb
(Include pregnancy within 5 months of death)

11. Industry or business at Home
12. Name Robert Harper
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Angela Fletcher
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Major findings: 92 lb
Of operations _____

Of autopsy _____

16. (a) Informant Beards, Jackson County Home
(b) Address Little Blue, Mo
17. (a) Burial (b) Date thereof 5-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California Mo

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? _____

18. (a) Signature of funeral director Shell Funeral Home
(b) Address 6606 Independence Ave. Ind. Mo.
19. (a) 5-9-42 (b) F.M. Schick
(Date received local registrar) (Registrar's signature)

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

23. Signature J.W. Green (M. D. or other) _____
Address Independence Mo Date signed 5/9/42

1162 (Licensed Embalmer's Statement on Reverse Side)

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

4800

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed 

Licensed Embalmer No. 3625

P. O. Address Kansas City

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.