

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13445**  
Registrar's No. **1679**

Registration District No. **399**

Primary Registration District No. **1002**

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: **St. Luke's Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week,**  
(Specify whether years, months or days)  
In this community **40 years.**

3. (a) PRINT FULL NAME **Mrs. Desdemona Maitland,**

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 **Widowed**  
6. (b) Name of husband or wife **Alexander Maitland,** 6. (c) Age of husband or wife if alive **dec.** years  
7. Birth date of deceased **October 2 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**64 6 26** hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Benjamin Henderson,**  
13. Birthplace **Ohio,**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rebecca Gelispie,**  
15. Birthplace **Pennsylvania,**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. K. DeWeese,**  
(b) Address **2108 West 69th St., K.C., Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-30-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K.C., Mo.**

19. (a) **4-29-42** (Date received local registrar) (b) **M. M. Crowe** (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. **321 Ward Parkway,**  
(If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28th,**  
year **1942** hour **3:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **17 May**  
19**42** to **April 28** 19**42**  
that I last saw him alive on **April 27** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus** **2 yrs.**

Due to **488**

Other conditions **Liver Metastases**  
(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?

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

23. Signature **N. B. Wilk** (M. D. or other)  
Address **1221 Thompson** Date signed **4/29/42**

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

Dr. Willitts

Proff. 13. 4 P. M.

### 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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 74. C Mo.

**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.