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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **27573**
Registrar's No. **3206**

Registration District No. **399**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:
 (a) County **Jackson,**
 (b) City or town **Kansas City, Mo.**
 (c) Name of hospital or institution **None 2802 1/2 Wabash**
 (d) Length of stay: In hospital or institution **None**
 In this community **23 Years.**

3. (a) PRINT FULL NAME **Mamie Meinsen**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Erwin W. Meinsen,**
6. (c) Age of husband or wife if alive **42**
7. Birth date of deceased **May 13th, 1900**

8. AGE: Years **40** Months **2** Days **27**
 If less than one day
 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Ben N. Pulliam**
13. Birthplace **Kentucky,**
14. Maiden name **Maude Barlow**
15. Birthplace **Missouri.**

16. (a) Informant **Mr. Ervin Meinsen,**
(b) Address **2802 1/2 Wabash Avenue, K.C.Mo.**

17. (a) Burial **(b) Date thereof** **Aug. 13th, 40**
(c) Place of burial or cremation **Memorial Park, K.C.Mo.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn Avenue, K.C.Mo.**

19. (a) Aug. 13, 1940 **(b) M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City, Missouri.**
 (d) Street No. **2802 1/2 Wabash, K.C.Mo.**
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10th,**
 year **1940** hour _____ minute **1:45 P.M.**

21. I hereby certify that I attended the deceased from _____
 _____, 19____ to **Aug 10**, 19**40**
 that I last saw her alive on **Aug 10**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurg**
Due to **Rheumatic fever**

Duration
14 yrs
17 yrs

Due to _____

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 Means of injury _____
23. Signature **P. L. St. Clair** **(M. D. or other)**
Address **522 1/2 E. 1st** **Date signed** **Aug 20 40**

Office 2578
Phone 250141
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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 *Reign C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *A. C. No*

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.