

0-2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1159

State File No.

Registrar's No.

71

Registration District No. 379

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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. & 8 days
(Specify whether
In this community 50 yrs.
years, months or days)

3. (a) PRINT FULL NAME

Minnie DeSpain

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 Single

6. (b) Name of husband or wife George W. DeSpain 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 29, 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business At Home

MOTHER FATHER { 12. Name George W. De Spain
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Emma Monroe
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma De Spain
(b) Address 841 North Prospect

17. (a) Burial (b) Date thereof 1/7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church

18. (a) Signature of funeral director Mrs. Cl L. Forster
(b) Address 918 Brooklyn

19. (a) Jan 7 1942 (b) M. M. Brown
(Date received local registrar) (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. 841 North Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1942 hour 5 minute 25 A.M.M.

21. I hereby certify that I attended the deceased from 10-28-41, 19... to 1-5-42, 19...
that I last saw her alive on 1-5-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to 30

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50
Of autopsy None

Duration
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) (e) Means of injury

23. Signature Dwight R. Thon (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital 1-5-42
Date signed

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 *me*

....., Registered, Apprentice No.

working under my personal supervision.

Signed *J. Calvin Shipp*

Licensed Embalmer No. *4179*

P. O. Address *R. C. ...*

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.