

FILED MAY 12 1942

Registration District No. 2999

Primary Registration District No. 1002

Registrar's No. 1582

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

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. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community 42 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1308 Lawndale 8  
(If rural, give location) 0  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Frances Mirnick

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

4. Sex fe. 1 | 5. Color or race w | 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ros Mirnick | 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Aug. 16, 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 4 If less than one day hr. min.

9. Birthplace mo.!!  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name John Smith  
13. Birthplace unk. G  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathleen Parwater  
15. Birthplace unk. G  
(City, town, or county) (State or foreign country)

16. (a) Informant Ros Mirnick  
(b) Address 1308 Lawndale

17. (a) Burial (b) Date thereof 4-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation mt. Washington

18. (a) Signature of funeral director Ros Henderson  
(b) Address 15-C. mo.

19. (a) 4-22-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th  
year 1942 hour 7:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 4-3-42, 19... to 4-20-42, 19...  
that I last saw h. er alive on 4-20-42, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral vascular hemorrhage;  
Coronary occlusion  
Due to Hypertension 94a  
Due to .....  
Other conditions  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations .....  
Of autopsy None

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 D

23. Signature Amey R. Thon (M. D. or other) .....  
Address Med. Dir. K.C. Gen. Hospital Date signed .....

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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.....

*John B. Payne*

Licensed Embalmer No.....

*2955*

P. O. Address.....

*1900 9th*

**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.**