S. No. 2
M—5-42
v. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3385

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: Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 50 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. 1654 Washington 8
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Minnie Redden

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Femal 1

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife J. D. Redden

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased unknown. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	app. 66			..... hr. ..... min.

9. Birthplace Okla — 1 (City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business .....

FATHER
12. Name No Record
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 11 (City, town, or county) (State or foreign country)

16. (a) Informant James E. Price
(b) Address 1654 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs C R Forster
(b) Address 918 Brooklyn

19. (a) 9-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept 11, 42 1942, to Sept 11 1942; that I last saw her alive on Sept 11 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia	8 mons
Due to Myocardial weakness + dilation	1 wk.
Due to Pulmonary congestion	1 day.
Other conditions (Include pregnancy within 3 months of death) 9 3 12	

Major findings:
Of operations .....
Of autopsy Confirmed above findings

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

23. Signature E. Kip Robinson (M. D. or other)
Address 928 Professional Bldg. Date signed 9-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 2570

P. O. Address KC 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.