

Filed JUN 24 1943
Registration District No. 197

Primary Registration District No. 1002

State File No. 2616
Registrar's No.

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:
2306 Van Erunt Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie McInnis

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 Married

6. (b) Name of husband or wife Dan McInnis

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 7 -15-1887
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>55</u> | <u>10</u> | <u>22</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles H. Yost

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

14. Maiden name Catherine Gross
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Dan McInnis

(b) Address 2306 Quincy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Missouri

19. (a) 6-9-43 (Date received local registrar) (b) P. B. Brown (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. 2306 Quincy
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th.
year 1943 hour 1 minute 30.A. M.

21. I hereby certify that I attended the deceased from March 13 1943 to June 7 1943
that I last saw her alive on June 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arterio Sclerosis due to aortic atherosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3rd

Of autopsy 30

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 2

23. Signature P. B. Brown (M. D. or other)

Address 4712 1/2 E. 24th Date signed 6/8/43

Be. 2369 - 2-6-

Jr. Miller 47128 East 24th.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.