

FILED DEC 22 1943

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 South Askew /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____ years, months or days)

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. 219 South Askew
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minerva Jane Luper
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Alfred Luper 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Josiah Smith
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Lovett
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Smith
(b) Address 219 South Askew

17. (a) Removal (b) Date thereof Dec. 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton Iowa

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

19. (a) 12-2-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 1943
year 1943 hour 6 minute A M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease

Due to _____
Due to 930

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Inspection history

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) (c) Means of injury _____
23. Signature A. E. Walker (M. D. or other) _____
Address 22 M. Way Date 12/1/43

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 Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address R.R. 100

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.