

S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6283**
Registrar's No. **650**

FILED FEB 24 1944
Registration District No. **1002**

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**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4618 Montgall
(If not in hospital or institution, write street number or location)

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

In this community **77** years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MINNETTA RUTH REDHEFFER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Fe.**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **James**

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

7. Birth date of deceased **Feb. 25, 1858**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	12	____ hr. ____ min.

9. Birthplace **St. Charles Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **None**

MOTHER FATHER

12. Name **Fredrick Nind**

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

14. Maiden name **Lucy Sanderson**

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

16. (a) Informant **Helen Redheffer**

(b) Address **4618 Montgall**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **2/7/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **2-8-44** (Date received local registrar)

(b) **J. C. 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. **4618 Montgall**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7**
year **1944** hour **4** minute **50 A. M.**

21. I hereby certify that I attended the deceased from **Jan 2** to **Feb 7**
that I last saw her alive on **Feb 4**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **arteriosclerosis**

fracture of humerus

Other conditions **fracture of humerus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **1860**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **2/2/44**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **Home** (Specify type of place)

(e) Means of injury **Fall**

23. Signature **J. C. Brown** (M. D. or physician)

Address **1132 Raymond St** Date signed **2/7/44**

Duration **4 wks.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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J. V. Bell
Prng. Bly

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 W. D. Blackman
Licensed Embalmer No. 2639
P. O. Address N. C. 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.