No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20557

FILED JUL 8 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2660

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.D. General Hosptal # 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) 0
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3 8
(d) Street No.: 4411 E. 11th St (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Day, ~~Nettie~~ Minnie M
3. (b) If veteran, name war: no.
3. (c) Social Security No.: xx
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: unk.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 29 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	25	hr. min.

9. Birthplace: Marshall Co. (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: W. H. Ham
13. Birthplace: New York (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: Sylvia J. Pierce
15. Birthplace: New York (City, town, or county) (State or foreign country) 1
16. (a) Informant: Edmon S. Ham
(b) Address: 7912 Main
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-26-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: BENTLEY MORTUARY
(b) Address: 5811 Troost
19. (a) 6-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 19 1944, to June 24 1944; that I last saw her alive on June 24 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3a 1	
Of autopsy	

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: A. E. Upsher (M. D. or other) M.D.
Address: Date signed:

361 (Licensed Embalmer's Statement on Reverse Side)

Minnie M.

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 Guy I. Buffington

Licensed Embalmer No. 2754

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.