

FILED JUL 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2922

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:
Conley Clinical Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 Days (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1236 Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Roxie M. Minton

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 Henry M. Minton 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 29 1911
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace No record
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bell
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry M. Minton
(b) Address 1236 Washington

17. (a) Burial (b) Date thereof 7-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address Kansas City, Missouri

19. (a) 7-14-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th. 12th.
year 1944 hour 2 minute 30 Pm. M.

21. I hereby certify that I attended the deceased from 7-11-44
1944 to 7-12-1944
that I last saw her alive on 7-12-1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of the heart Duration _____

Due to Fatty Degeneration of heart
with dilation of heart

Other conditions _____
(Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations none
Of autopsy none
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? _____

23. Signature Chas. J. McFester (M. D. or other) MD
Address 500 Superior St. Kansas City, Mo. Date signed 7-17-44

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

Dr. Werbin

712 West 14th. Street
Gr. 1673

*Dr. McPherson August Bell
10 24/18/19*

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 *Wm. K. Jackson*

Licensed Embalmer No. *3954*

P. O. Address *K. 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.