V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23909

Registrar's No. 3218

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: Polyclinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 28 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 9th 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3319 East 9th 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALMA FAE TORBERT

3. (b) If veteran, name war x

3. (c) Social Security No. 493-22-4616

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Rodney

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

7. Birth date of deceased August 7, 1899 (Month) (Day) (Year)

8. AGE: Years 44 | Months 11 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace Liberty (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Musician

11. Industry or business Three Bachelors Club

FATHER
12. Name Sterling P. Minter
13. Birthplace Clay Co. Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Johanna King
15. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Myra Luker
(b) Address 126 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.,
(b) Address Kansas City, Mo.

19. (a) 8-5-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug 1, 1944 to Aug 4, 1944
that I last saw her alive on Aug 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Ruptured appendix (gangrenous) with peritonitis.

Due to

Other conditions 12 1:1
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured gangrenous appendix
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other) DO
Address 3909 E 12 Date signed 8-4-44

(Licensed Embalmer's Statement on Reverse Side)

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 D N Blackwell

Licensed Embalmer No. 2244

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.