S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22912

FILED JUL 17 1945

State File No. 2817

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

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: 1115 Lydia (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1115 Lydia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie E Fambrough
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar. 1
6. (b) Name of husband or wife Louis Fambrough
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July (Month) 14 (Day) 1900 (Year)

8. AGE: Years 44 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unk. 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unk. 0 (State or foreign country)
16. (a) Informant James A. Fambrough
(b) Address 2516 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 7-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1945 hour Unknown minute M.
21. I hereby certify that I attended the deceased from 6-18- 1945 to 6-28- 1945 that I last saw her alive on 6-25- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension. Duration
Due to Heart.
Due to Hypertension
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy no

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) no
(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 [signature] (M. D. or other)
Address 2200 E 18th Date signed 7-3-45

(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 A. T. Moore

Licensed Embalmer No. 948

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.