

S. No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32812**
Registrar's No. **4334**

FILED NOV 7 1945

Registration District No. 149 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:
210 N. Mersington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
In this community 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary F. Minns

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 Thomas M.

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

7. Birth date of deceased Dec. 25, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>25</u>	hr. min.

9. Birthplace Clinton TOWN
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

12. Name William A. Gibberson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Valisna Paired

15. Birthplace Kv. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Purnell

(b) Address 210 N. Mersington

17. (a) Burial (b) Date thereof 10/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address Kansas City, Mo.

19. (a) 10-22-45 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 210 N. Mersington 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1945 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Oct 5
....., 1945, to Oct 20....., 1945

that I last saw her alive on Oct 17....., 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage 1 hour

Due to Chronic nephritis with
hypertension 1 year

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 13/15

Major findings:
Of operations.....

Of autopsy not made

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?.....

Inc While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature Geo Rose (M. D. or other) M.D.
Address 1032 E. Edmund Date signed 11/22/45

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..... *J. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *19 C. W.*

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.