

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 X36871

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI  
 PUBLIC HEALTH SERVICE  
 STANDARD CERTIFICATE OF DEATH

40135

State File No. \_\_\_\_\_  
 Registrar's No. **5006**

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:  
Memorah Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 9-10-45-12-3-45  
(Specify whether years, months or days)  
 In this community 56 yrs.

**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. Bellerive Hotel  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Minnie Hipsh  
**3. (b) If veteran,** name war no **3. (c) Social Security No.** none  
**4. Sex** Female **5. Color or race** Wh  
**6. (a) Single, widowed, divorced, or married** married  
**6. (b) Name of husband or wife** Harry Hipsh **6. (c) Age of husband or wife if alive** 69 years  
**7. Birth date of deceased** not known 1876  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** Month Dec day 3  
 year 1945 hour 2 minute a M.  
**21. I hereby certify that I attended the deceased from** Sept 10 1945 to Dec 3 1945  
 that I last saw her alive on Dec 2 1945  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>			hr. _____ min. _____

Immediate cause of death \_\_\_\_\_  
Cardiac failure  
 Due to dur to myocardial  
depression,  
Hypertensive heart disease 10 yrs  
 Other conditions kidney insufficiency  
(Include pregnancy within 3 months of death)

**9. Birthplace** not known Poland  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife  
**11. Industry or business** \_\_\_\_\_  
**MOTHER** { **12. Name** Morris Radgiff  
**13. Birthplace** not known  
(City, town, or county) (State or foreign country)  
**14. Maiden name** not known  
**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Harry Hipsh  
**(b) Address** Bellerive Hotel  
**17. (a) Burial** **(b) Date thereof** 12-4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Sheffield Cemetery  
**18. (a) Signature of funeral director** J.P. Louis Funeral Home  
**(b) Address** 3400 Woodland  
**19. (a) 12-5-45** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 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** G. Morris Justus (M. D. or other)  
**Address** 420 Prof Bldg Date signed Dec 4-45

**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.....  
*D. L. Lewis*

Licensed Embalmer No. *3110*

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.**