S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40927

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

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

(d) Street No. 2019 Iron St (If rural, give location) 3

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

If yes, name country .....

3. (a) PRINT FULL NAME MINNIE Hull

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 5. Color or race Wlw 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Harry Mason 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 10 (Day) 1894 (Year)

8. AGE: Years 51 Months 5 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation unemployed

11. Industry or business .....

FATHER
12. Name W. R. Greer
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Ann Dooley
15. Birthplace ..... (City, town, or county) Ill (State or foreign country)

16. (a) Informant Harry Mason

(b) Address 2019 Iron St No K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty - Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City Mo

19. (a) Dec 6th - 1945 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 4 year 1945 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw h.... alive on Coroner's Case, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy History + Inspection

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 John S. Morton Coroner (M. D. or other)

Address No Kansas City Mo Date signed 12/5/45

1411 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number.....
Date Filed 1-2-46

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 John S Morton

Licensed Embalmer No. 4349

P. O. Address [illegible]

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.