

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED SEP 16 1946 STANDARD CERTIFICATE OF DEATH

29627

State File No. _____
Registrar's No. 996

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Dickinson
(b) City or town St. Joseph Mo
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 6 mo. 14 da.
In this community 6 mo. 14 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town North Kansas City
(d) Street No. Box 74 24 No. Ke Mo
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Minnie A. Priest
(b) If veteran, name war No
(c) Social Security No. 741

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 1
year 1946 hour 11:45 minute 0 M.
21. I hereby certify that I attended the deceased from Aug 30 1946 to 8/31 1946
that I last saw her alive on 8/31 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or White
6. (a) Single, widowed, married widowed
(b) Name of husband or wife not given deceased
(c) Age of husband or wife if alive — years
Birth date of deceased Nov 13 1886

Immediate cause of death Myocardial infarction
Hypertension
arteriosclerosis
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: No operation
Of operations _____
Of autopsy No autopsy

8. AGE: Years 59 Months 9 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Clay County Mo

10. Usual occupation Housewife

11. Industry or business at home

12. Name William A. Reed

13. Birthplace not given

14. Maiden name Prussian

15. Birthplace 7424 North Ke Mo

16. (a) Informant Mrs. Th. English

(b) Address Box 74 24 North Ke Mo

17. (a) Burial (b) Date thereof Sept 3, 1946

(c) Place: burial or cremation James City Mo

18. (a) Signature of funeral director Morton Smith

(b) Address 832 Arroyo Rd. N. Ke Mo

19. (a) Sept. 3, 1946 (b) M. H. Mastlebusch

PHYSICIAN
Underline the cause to which death should be charged statistically.
Myocardial infarction
Hypertension
arteriosclerosis

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature C. C. Starnes
Address State Hospital # 2 Date signed 9/1/1946

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

28463

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 Leron P. Smith

Licensed Embalmer No.....

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.