

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1353

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 70 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3124 MERSINGTON				d. STREET ADDRESS (If rural, give location) 3124 MERSINGTON			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) ELIZABETH c. (Last) MINOR			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 8 1949				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 19-1878		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PATRICK J. KENNEDY		13b. MOTHER'S MAIDEN NAME BRIDGET GORMAN		14. NAME OF HUSBAND OR WIFE WILLIAM A. MINOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME 31 ADDRESS MRS. HERBERT C. JENKINS-3221 SPRUCE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Acute pulmonary edema - shock</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Acute valvular myocardial heart disease - cerebral aneurysm</i> DUE TO (c) <i>Extensive pulmonary embolism</i> II. OTHER SIGNIFICANT CONDITIONS <i>Ch. Bays's disease</i>					INTERVAL BETWEEN ONSET AND DEATH 2 1/2
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION none			422-2		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 0			
22. I hereby certify that I attended the deceased from _____, 1946, to <u>Jan 7, 1949</u> , that I last saw the deceased alive on <u>Jan 7, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D.D. Edmonds (Degree or title) <i>D.D. Edmonds Res.</i>				23b. ADDRESS 4800 E 24th St. K.C. Mo		23c. DATE SIGNED 1/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-10-49	24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.		
DATE REC'D BY LOCAL REG. 1-8-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J.F. Howell</i>		ADDRESS 3256 BROADWAY	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Park G. Rowe

Signed.....

Student Embalmer

Licensed Embalmer No. *2347*

P. O. Address *N. 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.