

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
2490

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> 3198 | |
| c. LENGTH OF STAY (in this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>622 Hardesty Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MINNIE</u> | b. (Middle) <u>CATHERINE</u> | c. (Last) <u>RANKIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1952</u> |
|--|-----------------------------|---------------------------------|----------------------------|--|

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|-------------------------|----------------------------------|--|---|--|----------------------------|--------------------------|--------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 2, 1899</u> | 9. AGE (In years last birthday) <u>52</u> | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours | 12. UNDER 1 MIN. Min. |
|-------------------------|----------------------------------|--|---|--|----------------------------|--------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Arthur B. Rankin</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>496-24-7379</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Arthur J. Rankin</u> | ADDRESS <u>1308 E. 8th Street</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>11 hr</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Central Nervous</u> | | |
| | DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Mar. 26, 1952, to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. R. Black</u> | (Degree or title) <u>O. M. D.</u> | 23b. ADDRESS <u>924 Professional Bldg.</u> | 23c. DATE SIGNED <u>5/31/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 2, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>6-2-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u> | ADDRESS <u>Kansas City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

124 Professor [unclear]
12 March

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.

Student
Student Embalmer 02 APR 22

Signed Edward M. Storey
05-11-14

Licensed Embalmer No. 4452

P. O. Address K. C. 4 [unclear]

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.