S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2023

State File No.

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
615 Cannon St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community About 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 4

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. 615 Cannon St. 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Minnie Mable Page

3. (b) If veteran, name war None

3. (c) Social Security No. 491-01-8460

4. Sex Female 3

5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Archie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 15 (Day) 1879 (Year)

8. AGE: Years 65 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Carrollton (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Louis Hannon 1
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Rachel Bruce
15. Birthplace Ft. Scott (City, town, or county) Kansas. (State or foreign country) 1

16. (a) Informant Betty Hancock
(b) Address Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Missouri

19. (a) 1-23-45 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1945 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 20-1944, 19 to Jan. 20, 1945
that I last saw her alive on Dec 19, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac - Renal -	6 or 7 mos
Due to (Dropsy)	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (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 S. R. M. Cracken (M. D. or other) MD

Address Excelsior Spg Mo Date signed 1/20/45

1166

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

Member 2-2-45

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Ex. Sfgs. 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.