

FILED NOV 25 1946

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 116 Hunt Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Nearly entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 116 Hunt Avenue 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Carr Kells

3. (b) If veteran, name war _____

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-10
1946 to 11-11, 1946
that I last saw her alive on 11-11, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: May (Month) 7 (Day) 1869 (Year)

Immediate cause of death: Coronary occlusion Duration 1 day

8. AGE: Years 77 Months 6 Days 4 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

Major findings: 94A

11. Industry or business _____

Of operations _____

12. Name Unknown

Of autopsy _____

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry H. Staley 1

(b) Address 717 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. J. Wilson

(b) Address Warrensburg, Mo.

19. (a) 11-12-1946 (Date received local registrar) (b) Sarah Annal Outfield (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

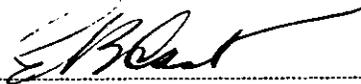
23. Signature Phil Cooper (M. D. or other) MD

Address Warrensburg, Mo. Date signed 12-12-46

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..... .....

Licensed Embalmer No. 4059.....

P. O. Address Holden, 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.