

No. 2
-12-45
-5-17-39

X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10665
State File No. _____
Registrar's No. **334**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 620 West 68th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")
(d) Street No. Park Lane Hotel
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Minnie F. English
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 22
year 1948 hour 9:00 minute P. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph C. English
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August 10 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October
1939 to date, 1948;
that I last saw her alive on Jan 22, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 5 12 hr. min.

Immediate cause of death Cerebral hemorrhage Duration 6 days
Due to Arterio sclerotic heart disease + generalized arterio sclerosis. Over 10 years
Due to arteriosclerosis. years

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation at home.

Other conditions Chronic arthritis Epithelioma larynx Years 1 year
(Include pregnancy within 3 months of death)
Major findings: 53 PHYSICIAN
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business X
12. Name George W. Fuller
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Emma Tuttle
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Woodbury
(b) Address 629 W. 68th Ter., Kansas City, Mo.
17. (a) burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-24-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work (e) Means of injury _____
23. Signature Joseph E. Welker (M. D. or other) M.D.
Address 836 Prof Bldg Date signed 1/23/48

Dr. Joseph E. Welker

Prof. B. B. B. B.

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 Robert W. Reed

Licensed Embalmer No. 3745

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.