

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

22280

2886

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2886</u>			
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. CITY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>52 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural, give location) <u>4011 Locust Street</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>BESSIE</u>		b. (Middle) <u>Z.</u>		c. (Last) <u>MINCKEMEYER</u>		(Month) (Day) (Year) <u>July 6, 1955</u>			
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>Dec. 5, 1876</u>			
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Hours		12. IF UNDER 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Sales-clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Emery-Bird-Thayer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>George W. Proctor</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Pepple</u>			
14. NAME OF HUSBAND OR WIFE <u>William H. Minckemeyer</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-01-7370A</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elizabeth Minckemeyer</u>				18. ADDRESS <u>4011 Locust, K.C.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hemodysrhythm.</u> DUE TO (c) <u>General arteriosclerosis &amp; auricular fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral Stenosis - Probably Rheumatic.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>UNKNOWN.</u> <u>3-6-51</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>							
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None.</u>					
22. I hereby certify that I attended the deceased from <u>12-8, 1930</u> , to <u>7-6, 1955</u> , that I last saw the deceased alive on <u>7-6, 1955</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. A. Myers MD</u>				23b. ADDRESS <u>1165 Grand Ave. Kansas City, Mo.</u>		23c. DATE SIGNED <u>7/6/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>July 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		24d. LOCATION (City, town, or county), (State) <u>Kansas City, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>7-7-55</u>		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary,</u> ADDRESS <u>Kansas City, Mo.</u>					

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

10:30 AM - 1:00 PM  
THURS.

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.....  
Signature of Student Embalmer

Signed *Walter H. Erwin*.....

Licensed Embalmer No. *43*.....

P. O. Address *K.C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.