

3740E

S. No. 2  
DM-2.43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 3 1943  
149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4840

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:  
4029 Harrison,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether  
years, months or days)

In this community 3 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, **48**

(c) City or town Kansas City, **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 4029 Harrison,  
(If rural, give location)

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

If yes, name country x **0**

3. (a) PRINT FULL NAME Mrs. Margaret H. Minor

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James H. Minor

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

7. Birth date of deceased December 7 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>7</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business no.

12. Name James B. Brown,

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

14. Maiden name Catherine Holman,

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

16. (a) Informant Mrs. Thomas Rainey,

(b) Address 4029 Harrison, Kansas City, Mo.

17. (a) Removal (b) Date thereof 11-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-16-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th,  
year 1943 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 10-29, 1943 to 10-29, 1943  
that I last saw her alive on 10-29-, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Strains, myocarditis

Due to Strains nephritis

arteriosclerosis

Due to 6 yrs invalid

Other conditions 131/5  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? x (Specify type of place)

(e) Means of injury .....

23. Signature Thos. Montgomery (M. D. or other) 0  
Address 723 - Garfield Bldg Date signed 11-15-43

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

MOTHER FATHER

739  
any other  
1/12/48

Dr. Has. Montgomery

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 E. M. Plauik

Licensed Embalmer No. 1848

P. O. Address H. C. Ma

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.