

No. 2  
-5-43  
5-17-39  
I X38671

FILED MAY 11 1944

State File No. ....

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2707 Monterey  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 Monterey  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN DAVIS MINTER

(b) If veteran, name war NONE

(c) Social Security No. 491-09-5309

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1944 hour 3 minute 20P M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Eva V. Minter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 22 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1944 to 3/27 1944  
that I last saw alive on 19 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>8</u>	hr. min.

Immediate cause of death Carcinoma stomach

Due to acute Bron 1/23/44

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

Other conditions Chronic myocarditis saw  
(Include pregnancy within 3 months of death)

10. Usual occupation salesman

11. Industry or business Carder Wholesale Grocer Co.

Major findings:  
Of operations H&P  
Of autopsy H&P

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name John L. Minter

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

14. Maiden name Frances Ruth Davis

15. Birthplace Mt. Airy N. Car.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
(City or town) (County) (State)

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

16. (a) Informant Mrs. John D. Minter

(b) Address 2707 Monterey

17. (a) burial (b) Date thereof 4/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

While at work (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature Reginald Smith (M. D. or other) MD  
Date signed 3/31/44

18. (a) Signature of funeral director Walter C. Hale + Bowman

(b) Address 319 South 10th

19. (a) 3/31/44 (b) Arce Huzoy  
(Date received local registrar) (Registrar's signature)

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

Dr. Clifton Smith  
218 North 7th

MAY 29 1944

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 Frank A. Gorman  
Licensed Embalmer No. 1710  
P. O. Address St Joseph 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.**