

**FILED** FEB 19 1946

Registration District No. **149** Primary Registration District No. **1002**

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: **St. Marys Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **48 days**  
In this community **3 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5704 Harrison**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary T. MINTON**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **8th**  
year **1946** hour **1** minute **30 A.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **John W. Minton, Sr.**  
6. (c) Age of husband or wife if alive **Feby 28, 1857** years  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **CORONER** to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years **88** Months **11** Days **10**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Lung cancer**  
Due to \_\_\_\_\_  
Due to **Fractured left hip**

9. Birthplace **Chicago Illinois**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **1860 18**  
Of autopsy **no**  
**Histology & Immunology**

MOTHER FATHER  
11. Industry or business **None.**  
12. Name **Patrick Burke**  
13. Birthplace **Unknown Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nora O'Neill**  
15. Birthplace **Unknown Ireland**  
(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) **accident 123**  
(b) Date of occurrence **Dec - 20 - 45**  
(c) Where did injury occur? **5704 Harrison K.C. Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in home**

16. (a) Informant **John W. Minton, Jr. (Son)**  
(b) Address **5704 Harrison, Kansas City Mo.**  
17. (a) **Removal** (b) Date thereof **2/9/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Chicago, Illinois.**

While at work? **no** (Specify type of place) (e) Means of injury **Fall?**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**  
(b) Address **1800 Linwood Blvd. K.C. Mo.**  
19. (a) **2-9-46** (b) **Altraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **James ...** (M. D. or other)  
Address **1424 ...** Date signed **2-9-46**

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

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**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. 2999

P. O. Address..... KC

**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.**