No. 2
—5-43
5-17-39
X36671

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

14972

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16080

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: RR. 10 North Kansas City 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 22 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 5 North Kan. City
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Delilah D. Mynatt

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Thomas Mynatt

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1877 (Year)

8. AGE: Years 68 Months 8 Days 17 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Unkown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Virgina Kellogg
15. Birthplace ✓ (City, town, or county) mo. 0 (State or foreign country)

16. (a) Informant Dorsey Mynatt
(b) Address RR 10. North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Morton-Smith's
(b) Address 832 Armour R. North Kan. City

19. (a) May 16 - 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 1938, 19__, to May 14, 1946
that I last saw her alive on May 14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bronchopneumonia	
Due to Acute Cardiac decompensation	3 wks
Prostate	20 yrs
Due to Hypertension	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address N. K. C. Mo. Date signed 5-16-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-12-46

DEC 12 1947

DEC 1 1946

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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City M

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.