

S. No. 2
M-543
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30374
Registrar's No. 4007

FILED OCT 7 1948

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kennett City
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: In hospital or institution 14 hours
In this community 14 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town M.K.C.
(d) Street No. R.R. # 5 - M.K.E. Mo
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME BirThanna Minter
3. (b) If veteran, name war no
3. (c) Social Security No. none

20. DATE OF DEATH: Month Sept day 21 year 1946 hour 4 minute 40 A M.
21. I hereby certify that I attended the deceased from 3 PM 20 Sept 1946 to 4 AM 21 Sept 1946; that I last saw her alive on 21 Sept 1946; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Pulmonary embolism Duration 6 days

7. Birth date of deceased: July 29 1938
(Month) (Day) (Year)
8. AGE: Years 8 Months 7 Days 23 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 36
Of operations _____
Of autopsy _____

9. Birthplace Cameron Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation child

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

MOTHER FATHER

11. Industry or business K
12. Name L. K. Minter
13. Birthplace Missouri MO
14. Maiden name Williams K. E. Minter
15. Birthplace Platte County MO

16. (a) Informant L. K. Minter
(b) Address R.R. # 5 - M.K.E. Mo
17. (a) Burial (b) Date thereof 9-23-46
(c) Place: burial or cremation Liberty MO
18. (a) Signature of funeral director Walter Smith
(b) Address Mo, K. E.
19. (a) 9-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Asa E. Jones Jr. (M. D. or other) _____
Address 9W 85 St. Jones City Mo Date signed 21 Sept 46

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 *Thomas O Smith*.....

Licensed Embalmer No. *3928*.....

P. O. Address *MDKE MD*.....

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.