

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27832  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kan Primary Registration District No. 1002 Registered No. 8143  
(c) City St. Mary's Hospital (d) Street No. St. Mary's Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Donald J. Minard 563  
(a) Residence, No. 2617 E. 61st St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 hours

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER 13. NAME Paul Hart Minard  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn.

MOTHER 15. MAIDEN NAME Susan Ruth Tompkins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo.

17. INFORMANT (ADDRESS) Donald J. Minard  
9417 E. 8th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. McKeown  
Branch Creek & Mason

20. FILED Aug 7, 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1938, to 8-6 1938

I last saw him alive on 8/5, 1938 Death is said to have occurred on the date stated above, at 100 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity  
Rupture of Peritonium  
Cerebral hemorrhage.

Other contributory causes of importance: 1600g

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) F. O. Cornell

(Address) 923 Medical Arts Bldg

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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.....

P. O. Address.....

**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, above space should be left blank.**