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

FILED JUN 15 1939

18843
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township Blue — Primary Registration District No. 5554 — Registered No. 168
(c) City Independence (d) Street No. ..... 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 William Alonzo Minton
(a) Residence, No. R3 East Independence St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Minton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1867
7. AGE: Years 71 — Months 7 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
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 COUNTY) New Canton Ill.

FATHER
13. NAME James Minton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER
15. MAIDEN NAME Lucinda Leonard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs Laura Minton R3 East Indep. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE May 18 1939
19. FUNERAL DIRECTOR (ADDRESS) Cato & Speaks Funeral Home Independence, Mo.
20. FILED 5-19-1939 F. L. Cerske Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15 1939
22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to May 15, 1939
I last saw him alive on May 15, 1939 Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 5/15/39
94 hr

Other contributory causes of importance:
Pernicious Anaemia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify .....
(Signed) C. H. Allen, M. D.
(Address) First National Bank Bldg Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Roland V. Speaks, Licensed Embalmer No. 3604

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Roland V. Speaks

Licensed Embalmer No. 3604

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.)