

SEP 12 1939

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

29157

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE / Registration District No. 316  
 (b) Township SPRINGFIELD / Primary Registration District No. 2001 Registered No. 639  
 (c) City SPRINGFIELD (d) Street No. St. Johns 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 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Joseph Louis Louis Minor  
 (a) Residence, No. Springfield Route #5 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Veterinary  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

FATHER 13. NAME Joseph Louis Minor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT (ADDRESS) James Minor  
Route # 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Aug. 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Friends  
Springfield Mo.

20. FILED 8-18-39 Chas. George  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1939, to Aug 17, 1939

I last saw him alive on Aug 16, 1939 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Chr. Tubercid Tuberculosis Date of onset

Other contributory causes of importance: Fracture of Left Hip

Name of operation None Date of No

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of Injury Aug 11, 1939

Where did injury occur? In home (Specify city or town, county, and State)

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

Manner of injury Fall in home

Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? If so, specify Old Fracture (Signed) James Minor M. D.

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.

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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 Self  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ralph H. Lieme  
Licensed Embalmer No. 3681  
P. O. Address Springfield, Ma.

**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.

X