No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5586

Registration District No. 599 — Primary Registration District No. 1002 — Registrar's No. 811

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 5704 Harrison Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether years, months or days) In this community 13 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5704 Harrison Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mrs. Charlotte Anne Tenney Minton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. John W. Minton

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 8 (Day) 1884 (Year)

8. AGE: Years 55 Months 8 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Elgin (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

FATHER 12. Name John Tenney

13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth McLaverty

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant John W. Minton

(b) Address 5704 Harrison Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-22-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1940 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-26, 1936, to ____, 19____; that I last saw her alive on 2-20-, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	
Due to Carcinoma of Breast 5y	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Breast

Of autopsy None

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

23. Signature J. H. Owens (M. D. or other)

Address Kansas City Mo Date signed 2-21-40

(Licensed Embalmer's Statement on Reverse Side)

1-3

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo.

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.