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7-39
X21492

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

Registration District No. **399**

Primary Registration District No. **1002**

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 80 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Jane Minter

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 Widowed

6. (b) Name of husband or wife Mr. Charles Dupuy Minter, Sr. 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 22 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>2</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name John W. Allen
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

{ 14. Maiden name Julia Woodruff
15. Birthplace Pittsburg Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Committer, Jr.
(b) Address 3507 Highland Ave.

17. (a) Burial (b) Date thereof Aug. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director W. H. Newsome, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 26, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1711 East 36th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1940 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 7/29/38
8/3/38 to 8/24/38, 1940
that I last saw h. or alive on 8/24/38
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Intermittent

Due to 135a

Due to ---
Other conditions ---
(Include pregnancy within 5 months of death)

Major findings: ---
Of operations ---
Of autopsy Pneumonia, Intermittent

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?

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

23. Signature W. H. Newsome, Sr. M. D. or other ---
Address --- Date signed 8/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11:30. 1. 2-3

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. Collie

Licensed Embalmer No. 3839

P. O. Address R. 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.