No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41914

FILED JAN 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1361

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

1. PLACE OF DEATH:
(a) County Buchanan, 2
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1713 Washington Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 85 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1713 Washington Avenue,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frances B. Minturn,

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 Charles T. Minturn,

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

7. Birth date of deceased December 20th. 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	6	hr. min.

9. Birthplace Saint Joseph, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business /

FATHER
12. Name Jeremiah McKown /
13. Birthplace Henderson, Kentucky,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Roberts,
15. Birthplace Unknown, Kentucky,
(City, town, or county) (State or foreign country)

16. (a) Informant Rollin T. Minturn
(b) Address 1713 Washington Avenue,

17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Heaton - Belgale - Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) Dec 26/1940 (b) H J Nettlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th.
year 1940 hour 5:00 minute 30a. M.

21. I hereby certify that I attended the deceased from about Sept 1st, 1940, to Dec 25, 1940;
that I last saw her alive on Dec 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute broncho-pneumonia — Duration one week

Due to Senility

Due to

Other conditions 1070
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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

23. Signature Leroi Rock M.D. (M.D. or other)
Address King Hill Bldg St Joseph Mo Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 12-26-

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P.O. Address 319 So. St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.