

No. 2
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17-39
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13569**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1550**

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:
4113 Walnut Street-1st Floor South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **-----**
(Specify whether
In this community **45 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **4113 Walnut Street - 1st Floor**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **-----** years.

3. (a) PRINT FULL NAME **Mrs. Lillie Beery Minor**

3. (b) If veteran, name war **No** 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. George Edward Minor** 6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **June 17 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 0 hr. min.

9. Birthplace **Junction City Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

12. Name **Martin Beery**

13. Birthplace **Tiffin Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Miriam Griffith**

15. Birthplace **Tiffin Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.E. Minor Jr.**

(b) Address **4113 Walnut**

17. (a) **Burial** (b) Date thereof **Apr. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Junction City, Kansas**

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

(b) Address **1401 Brush Creek Bld.**

19. **Apr 18 1941** (b) **M. M. Crome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th**
year **1941** hour **4** minute **30** A. M.

21. I hereby certify that I attended the deceased from **-----** to **-----**, 19 **-----**;

that I last saw him **alive** on **-----**, 19 **-----**;
and that he **expired** on the date and hour stated above.

Immediate cause of death **-----** Duration **-----**

Hemorrhage into atherosclerotic plaque to occlusion of coronary arteries
Coronary sclerosis
Other conditions (Include pregnancy within 3 months of death) **94%**

Major findings: **Abnity** **94%**

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 **-----** about home, on a farm, in industrial place, in public place?

While at work? **-----** (Specify type of place) (Specify means of injury) **3**

23. Signature **-----** (M. D. or other)

Address **K.C. Mo.** Date signed **-----**

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

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..... *Emile W. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *150 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, fact should be so stated above.