No. 2
4-13-40
5-17-39
PI X23159

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17060

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1722

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

8
3
8

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 - 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 About 30 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 Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- 0 years.

3. (a) PRINT FULL NAME Mr. Charles K. Minor endall

3. (b) If veteran, name war World War(Navy) 3. (c) Social Security No. 493-10-0908

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May (Month) 14 (Day) 1888 (Year)

8. AGE: Years 52 Months 11 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salewman(Lincoln Aircraft Inst

11. Industry or business Air T aining Courses

FATHER
12. Name George Edward Minor
13. Birthplace Keithburg (City, town, or county) / Illinois (State or foreign country)

MOTHER
14. Maiden name Lillie Beery Minor
15. Birthplace Junction City (City, town, or county) / Kansas (State or foreign country)

16. (a) Informant Mr. George Edward Minor
(b) Address 4113 Walnut Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 1 (Day) 1941 (Year)
(c) Place: burial or cremation Highland Cemetery
Junction City, Kansas

18. (a) Signature of funeral director O. H. Newcomb's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 1, 1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 th
year 1941 hour 6 minute 15P.M. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death

Death by Hanging

Due to

Other conditions
(Include pregnancy within 3 months of death)

164.0

Major findings:
Of operations
Of autopsy Inspection

Duration

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) Suicide
(b) Date of occurrence 4-29-41
(c) Where did injury occur? K.C. (City or town) Mo (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 [signature] (M. D. or other) 3
Address K.C. Mo. Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed George M. Callier

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 wi the above constitutes grounds for revocation of license.)

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