U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17067

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1934

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

48
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: 4523 Agnes 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4523 Agnes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lemuel Washington McMinn

3. (b) If veteran, name war None — 3. (c) Social Security No. None

4. Sex Male 0 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ida Mary McMinn — 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 8 (Day) 1871 (Year)

8. AGE: Years 71 — Months 0 — Days 8 — If less than one day ___ hr. ___ min.

9. Birthplace Westport (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Auto Mechanic

11. Industry or business Retired

FATHER
12. Name Benjamin McMinn
13. Birthplace No Record (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Jemia Cross
15. Birthplace No Record (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant Mrs. Ida Mary McMinn
(b) Address 4523 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-- 18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) May 17 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1942, to May 16, 1942 that I last saw him alive on May 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Acute gastric hemmorrage from mastication of concern

Due to

Other conditions Carcinoma of Bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations 52 B
Of autopsy no

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature James T. Fugin (M. D. or other)
Address 410 Bryant Bld Date signed 5/16/42

HP

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(Licensed Embalmer's Statement on Reverse Side)

D. Ferguson
Bryant Bldg

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 Jimmy S. Huckabee

Licensed Embalmer No. 4092

P. O. Address K. C. Kansas

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.