. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

31245

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 29 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1044

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 30 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. 1602½ South 6th. Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Delbert Miner Jr.,

3. (b) If veteran, name war W.W.# 1
3. (c) Social Security No. 497-12-0524

4. Sex Male
5. Color or race Negro
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 March 3rd. 1881, (Month) (Day) (Year)

8. AGE: Years ~~52~~ 62 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Leavenworth, Kansas, (City, town, or county) (State or foreign country)
10. Usual occupation Proprietor,
11. Industry or business Half & Half Tavern

FATHER
12. Name Frank Delbert Miner Sr.
13. Birthplace Oskaloosa, Kansas, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Johnson,
15. Birthplace Leavenworth, Kansas, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tessie Airey
(b) Address 1602½ South 6th Street,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Heaton - Bergels & Bowman S.H.
(b) Address 319 South 10th. Street,
19. (a) 9/22/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th. year 1943 hour 1:00 minute 30p.M.

21. I hereby certify that I attended the deceased from Sept 7, 1943, to Sept. 18, 1943 that I last saw him alive on Sept 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of rectum	
Due to Arterio-sclerosis general Diabetes Mellitus	
Due to Obesity 4-6d	
Other conditions (Include pregnancy within 3 months of death) Sudden death during induction of ether anesthesia	9-18-43
Major findings Of operations apparently due to coronary occlusion	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S.E. Senior MD (M. D. or other)
Address St. Joseph, Mo. Date signed 9-20-43

123 (Licensed Embalmer's Statement on Reverse Side)

Dr. S. Earl Simons
7 2 2 1/2 Francis

SEP 29 1943

JAN 4 1944

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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, fact should be so stated above.