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DEPARTMENT OF THE COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1829

FILED MAY 5 1944  
Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
412 South Denver  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kennett City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. 412 South Denver  
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country None <sup>0</sup>

3. (a) PRINT FULL NAME LEONARD LEROY MINOR

3. (b) If veteran, name war None

3. (c) Social Security No. 486-09-5772

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21<sup>st</sup> year 1944 hour 1 minute 5 M.

21. I hereby certify that I attended the deceased from Sept 11<sup>th</sup> 1943 to April 21 1944

that I last saw him alive on April 14 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: April 25 1891  
(Month) (Day) (Year)

Immediate cause of death: Mythral regurgitation

Due to: Sagittals of flu.

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Weatherby Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Beussen Mfg Co

12. Name George W Minor

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Abner Caldwell

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Dora Minor

(b) Address 412 South Denver

17. (a) Burial (b) Date thereof April 30-44  
(Burial, cremation, or removal) HOPEWELL (Month) (Day) (Year)

(c) Place: burial or cremation Weatherby Mo

18. (a) Signature of funeral director W. E. Brown

(b) Address 7637 S. Judy Ave

19. (a) 4-26-44 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify name of place) Means of injury \_\_\_\_\_

23. Signature Dr. S. D. James (M.D. or other) DO

Address 900 Benton Date signed 4-21-44

**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. 2744  
working under my personal supervision.

Signed F. S. Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harrison

**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.**