No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40955

Registrar's No. 1507

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 2315 Francis Street 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fay Shelby Minor
3. (b) If veteran, name war: World War # 1.
3. (c) Social Security No.: 491-10-7570
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Goldie Minor
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: October (Month) 30 (Day) 1895 (Year)

8. AGE: Years 52; Months 1; Days 22; If less than one day: hr. min.
9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Supervisor A. D. T.
11. Industry or business: American District Telegraph
FATHER
12. Name: John J. Minor
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name: Malinda Thompson
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Mrs. Goldie Minor
(b) Address: 2315 Francis St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 12-26-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 22nd year: 1947 hour: 8 minute: 35 A. M.
21. I hereby certify that I attended the deceased from Dec 20, 1947 to Dec 22, 1947 that I last saw him alive on 12-21-47, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	
Due to: Rheumatic Endocarditis	
Due to: Valvulitis. Chronic	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 72B
Of autopsy:

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Louis G. Neuhoff M.D. (M. D. or other)
Address: W. Charlotte St. Joseph, Mo. Date signed: 12/23/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1948

JAN 7 1948

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 Elbert E. Harrington

Licensed Embalmer No. 5258 Missouri

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.