

Registration District No. 149

Primary Registration District No. 1002

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: Colonial Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-9-47 4-8-48
(Specify whether years, months or days) 34 years

3. (a) PRINT FULL NAME Mrs. Lucy A. Minor

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

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

6. (b) Name of husband or wife Thomas B. Minor 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: June 9th 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Evan Jones

13. Birthplace Wales 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harper

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Cater

(b) Address 5818 Michigan

17. (a) burial (b) Date thereof 4/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-10-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5818 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from April 8 1948 to April 8 1948
that I last saw her alive on April 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 1 day

Due to

Due to

Other conditions Adverse reaction
(Include pregnancy within 3 months of death)

Major findings:

Of operations none
Of autopsy none

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

23. Signature F. J. W. [unclear] (M. D. or other)
Address Plaza [unclear] Date signed 4.9.48

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

48
3
8

48
3
8

0

1 day

PHYSICIAN

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(City or town) (County) (State)
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Address Plaza [unclear] Date signed 4.9.48

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Med. Bill
2-5:30

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address: Kansas City, 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.