

No. 2
-1/47
-17-39

32077

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 25 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1000

State File No. _____
Registrar's No. 1089

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

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: Sisters 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 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 Center St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Walter Minter
3. (b) If veteran name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 15
year 1948 hour 3 minute A.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary E. Minter
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 4 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 14 48 to October 15 48
that I last saw him alive on October 14 48
and that death occurred on the date and hour stated above.

8. AGE:
Years 76 Months 8 Days 11 If less than one day hr. min.

Immediate cause of death: Circulatory Collapse
Duration Ukn

9. Birthplace Mt. Airy No. Carolina
(City, town, or county) (State or foreign country)

Due to Myocardial Degeneration Ukn

10. Usual occupation Filling Station Operator
Gas & Oil

Due to Arteriosclerosis Ukn

11. Industry or business
12. Name John Minter

Other conditions Emphysema
(Include pregnancy within 5 months of death) Ukn

13. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

Major findings:
Of operations: ---
Of autopsy: None

14. Maiden name Ruth Davis
15. Birthplace Mt. Airy No. Carolina
(City, town, or county) (State or foreign country)

Underline the cause of which death should be charged statistically.

16. (a) Informant Miss Effie Minter
(b) Address St. Joseph, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---

17. (a) Burial (b) Date thereof 10/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thornton Cemetery

(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)

18. (a) Signature of funeral director Neaton - Bowman
(b) Address St. Joseph, Mo.

While at work --- (e) Means of injury D ---
23. Signature Owen W. Deary (M. D. KEMPEY)
Address 405 Tottle Bldg - Date signed 10/21/48

19. (a) 10-19-48 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

OCT 25 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.....

Danny O. Becker..... Registered Apprentice No. *287*
working under my personal supervision.

Signed *William Spalding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th St. Joplin, 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.