

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

40265

FILED JAN 15 1948

5382

Registration District No. 199Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

## 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:  
3124 MERSINGTON  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community OVER 45 YEARS  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3124 MERSINGTON 8  
 (If rural, give location) 0  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## 3. (a) PRINT FULL NAME

WILLIAM A. MINOR

## 3. (b) If veteran,

NO

## 3. (c) Social Security No.

496-05-2065 A20. DATE OF DEATH: Month DECEMBER day 31year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

## 21. I hereby certify that I attended the deceased from

Jan 1947 to Dec 31 1948  
 that I last saw him alive on 12/30 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Resistant

generalized carcinoma  
(colon & liver etc)  
 Duration \_\_\_\_\_  
 Due to carcinoma - attempted removal  
all resistant - 1943

Due to \_\_\_\_\_  
 Other conditions H10<sup>2</sup>  
 (Include pregnancy within 3 months of death)

## Major findings:

Of operations Carcinoma colon  
op - 1943 - Resection -  
 Of autopsy none made

## 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?

D. D. Edmonds (Specify type of place) D  
 While at work? (c) Means of injury 8

23. Signature D. D. Edmonds (M. D. or other) D  
 Address 4800 E 24<sup>th</sup> St Date signed 12/31/48

12. Name JONOTHAN MINOR  
 13. Birthplace VIRMIILLION CO. INDIANA  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELLA V. MCNAIR  
 15. Birthplace CINCINNATI OHIO  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant MRS. HERBERT C. JENKINS  
 (b) Address 3221 SPRUCE AVE.  
 17. (a) BURIAL (b) Date thereof 1-4-49  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT. ST. MARY'S CEMETERY  
 18. (a) Signature of funeral director J. J. G. [Signature]  
 (b) Address 3256 BROADWAY  
 19. (a) 12-31-48 (b) Geraldine Holmes  
 (Data received local registrar) (Registrar's signature)

D. D. EDMONDS  
1800 EAST 24th.

**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..... *Paul G. Rowe*.....  
..... Licensed Embalmer No. *2347*.....  
..... P. O. Address..... *J. C. 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.**