

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

32703

Do not use this space.

1. PLACE OF DEATH 261 12 1939

(a) County Jasper Registration District No. 412
 (b) Township Dunnell Primary Registration District No. 5570 Registered No. 10
 (c) City Jasper (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie June Mink
 (a) Residence, No. Route 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank R Mink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie City, Kansas

MOTHER

13. NAME Sylvester Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York
 15. MAIDEN NAME Mary A. Patterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT'S (ADDRESS) Frank R Mink, Route 2, Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunnell Cem DATE Sept. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Martiney, Carthage, Mo.

20. FILED 9/9 1939 Lehman Schafer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939, to Sept 9, 1939
 I last saw him alive on Sept 5th, 1939 Death is said to have occurred on the date stated above, at 4:00 pm.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Aug 16, 1939

Other contributory causes of importance: Hypertensive Heart disease with arteriosclerosis 10 yrs.

Name of operation None Date of _____
 What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) M. J. Harris, M. D.
 (Address) 414 Beaufort, Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Emm. C. Stuep*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.