

NOV 28 1939

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

40977  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Shelby Registration District No. 830  
 (b) Township Georgetown Primary Registration District No. 4503 Registered No. 47  
 (c) City Shelbina (d) Street No. 99. Turner Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley Minick  
 (a) Residence, No. 6 Garces, mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Minick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5<sup>th</sup> 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>9</u>	<u>16</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) Bedford, Mo

FATHER  
 13. NAME William Minick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER  
 15. MAIDEN NAME Caroline Morton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Jesse Maude Parothers  
Shelbina, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Saxon's Chapel DATE Nov. 22, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Michie & Bartelaw  
Shelbina, Mo

20. FILED Nov 28, 1939 Ruth Joyner  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 21<sup>st</sup>, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 - 1939, to Nov. 21 - 1939  
 I last saw him alive on Nov. 20 - 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Abscess left side. (Only saw him few days before death and could give date of onset)

Other contributory causes of importance:  
Suspected carcinoma of stomach

Name of operation None Date of 4/6  
 What test confirmed diagnosis? clinical Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) J. D. Stewart, M. D.  
 (Address) Shelbina, 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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2160

Date Filed DEC 11 1939

**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 Henry A. Barklee

Licensed Embalmer No. 3835

P. O. Address Chelms, M

**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, above space should be left blank.**