

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson city
(c) Name of hospital or institution: 910 Monroe St.
(d) Length of stay: In hospital or institution 2
In this community 67 yrs.

3. (a) PRINT FULL NAME Minerva L. Cecil

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

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

6. (b) Name of husband or wife John F. Cecil (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June 15, 1872

8. AGE: Years 67 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Cole Co Missouri

10. Usual occupation Housewife

11. Industry or business Housekeeper

12. Name James E. Link

13. Birthplace Missouri

14. Maiden name Jane Swindle

15. Birthplace Missouri

16. (a) Informant John F. Cecil

(b) Address Jefferson city Mo.

17. (a) Burial (b) Date thereof 5-20-40

(c) Place: burial or cremation Riverview Elm.

18. (a) Signature of funeral director Tanner Service

(b) Address Jefferson city Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson city
(d) Street No. 910 Monroe St.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1940 hour 9:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from None 1940 to May 17 1940

that I last saw her alive on May 17 and that death occurred on the date and hour stated above.

Immediate cause of death Probably Sudden Death
Artery disease with
Due to probably Hypertension
Never treated here

Other conditions 9410

Major findings: Of operations _____ Of autopsy _____

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? _____
(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 Gas A. Holt (M. D. or other) _____
Address Jefferson city Mo. Date signed May 26, 1940

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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, ~~on~~ by.....

D. M. Davis.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

D. M. Davis.

Licensed Embalmer No. 3741

P. O. Address Jefferson 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, above space should be left blank.