

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 15 1940  
Registration District No. 549

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25717  
Registrar's No. 209

Primary Registration District No. 5739

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Miller Township 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence in Miller Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not in hospital  
(Specify whether  
In this community entire life  
years, months or days)

3. (a) PRINT FULL NAME Minerva Jane Minor  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife George H. Minor 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased May 10 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Palmyra, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Albert Pennequell  
13. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Netanda Phrasche  
15. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Call Minor  
(b) Address Hannibal, Mo

17. (a) Removal (b) Date thereof July 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery  
18. (a) Signature of funeral director Ray P. Schwartz  
(b) Address Hannibal, Missouri

19. (a) July 18-40 (b) H. C. S. S. S. S.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Miller Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 18<sup>th</sup>  
year 1940 hour 8:50 minute 0 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to July 15, 1940;  
that I last saw her alive on July 8, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 3 mo

Due to \_\_\_\_\_  
Due to 4/6  
Other conditions Arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy \_\_\_\_\_  
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? 4/6  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Call Minor (M. D. or other) MD  
Address Hannibal Mo Date signed \_\_\_\_\_

**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.....

*Ray P. Schwartz*, Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Ray P. Schwartz*  
Licensed Embalmer No. *1765*  
P. O. Address *Hannibal, 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.**