

S. No. 2
4-13-40
5-17-40
PI 22515

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 months 26 days**
In this community **11 months 26 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Louise Minor 560**
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 **Widowed**
6. (b) Name of husband or wife **Louis Minor**
6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **Feb. 14 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **23**
If less than one day hr. min.

9. Birthplace **France** **France**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business
12. Name **Le Galle**
13. Birthplace **France** **7**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Minor (son)**
(b) Address **Lexington Mo**

17. (a) **removal** (b) Date thereof **8-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lexington Mo**

18. (a) Signature of funeral director **Herbert C. Jenne**
(b) Address **State Hwy St. Joseph**

19. (a) **8/7/40** (b) **Herbert C. Jenne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Lafayette**
(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Lexington**
(If outside city or town limits, write "RURAL")
(d) Street No. **134, N-24th**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **Since 1898** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **7**
year **1940** hour **6:35 PM** minute **-** M.
21. I hereby certify that I attended the deceased from **June 10**
1940 to **Aug 7** **1940**
that I last saw h. e. r. alive on **Aug 7, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**
Due to **Arteriosclerotic Heart Disease**
Due to **Ray Gangrene of Left Foot, due to arterio-sclerosis**
Other conditions **sclerosis**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(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?
95
While at work? (Specify type of place)
(e) Means of injury
23. Signature **Herbert C. Jenne** (M. D. or other) **MD**
Address **State Hwy St. Joseph** Date signed **8-7-40**

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

15
7

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 *Aug 7-4*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm E Summerfield

..... Licensed Embalmer No.

3007

..... P. O. Address

319 So 10th St

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.