

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.

SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28828

State File No. _____

Registration District No. 408

Primary Registration District No. 5563R

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural Epickan Union Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two and 1/2 Yrs
(Specify whether
 In this community 67 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town RURAL EPICKAN UNION TOWNSHIP
(If outside city or town limits, write "RURAL")
 (d) Street No. Jasper County Infirmary.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hannah Lee Ann McMinis

3. (b) If veteran, name war None 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 21, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>4</u>	<u>6</u>	hr. min.

9. Birthplace North Carolina _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Si Stanley

13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name L. Macie

15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Etta Wood

(b) Address Le Russell, Missouri

17. (a) Burial (b) Date thereof 8-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug. 28, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th,
 year 1940 hour 9:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 4/1/39
8/27 to 8/27, 1940
 that I last saw her alive on 8/25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 30 min

Due to Arteriosclerosis, Generalized Unknown

Due to _____
 Other conditions 94 P
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

8/25 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. McEntire (M. D. or other) M.D.

Address 304 Grand, Carthage Date signed 8/28/40

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.....

Licensed Embalmer No. 2222

P. O. Address Hartlage 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.