FILED OCT 18 1940 Dr McLean

V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32775

Registration District No. 655 Primary Registration District No. 5912 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town ~~Holland, Eural, Vergenia Township~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether years, months or days)

In this community 3 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

(c) City or town Holland, Rural. (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.

3. (a) PRINT FULL NAME Eligh J. Mimmes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Mimmes

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 27 (Day) 1877 (Year)

8. AGE: Years 63 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Desota Co, (City, town, or county) Miss (State or foreign country) 1

10. Usual occupation Farmer 9

11. Industry or business None 9

FATHER
12. Name D.K. 1
13. Birthplace D.K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name D.K.
15. Birthplace D.K. (City, town, or county) (State or foreign country)

16. (a) Informant Emma Mimmes

(b) Address Holland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem,

18. (a) Signature of funeral director J.L. German

(b) Address Steele, Mo.

19. (a) 10/7 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour Five minute 30. P M.

21. I hereby certify that I attended the deceased from 9-28-40 to 9-28-40, 19__, to __, 19__; that I last saw him alive on 9-28-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)

Due to

Due to 10/8

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? 5 4/7 (e) Means of injury

23. Signature D.C. McLean (M. D. or other)

Address Holland Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

10-40-27

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Slater, 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.