

FILED NOV 25 1940

Registration District No. 53

Primary Registration District No. 3747

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

1. PLACE OF DEATH:
(a) County Mercer Co.
(b) City or town Rural Washington
(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 2
In this community 70 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James B. Minter
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. Lisia Minter **6. (c) Age of husband or wife if alive** 88 years
7. Birth date of deceased Jan. 22 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { **12. Name** Wm. Minter

18. Birthplace _____ Mo. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frank Cising

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

16. (a) Informant's own signature Anna Minter
(b) Address Mill Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct. 22-40
(Month) (Day) (Year)

(c) Place: burial or cremation Coon

18. (a) Signature of funeral director Minter Funeral Home
(b) Address Princeton, Mo.

19. (a) Oct 21 **(b)** Mrs. Claude Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. So. East Of Princeton, M.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24 day _____ year 1940 hour 11:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 20, 1940, to Oct 20, 1940
that I last saw him alive on Oct 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach Inflammation Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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? 4913
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. W. Thomas (M. D. or other) _____
Address Sparks, Mo. **Date signed** Oct 20

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.....

H. Ivan Martin

Licensed Embalmer No.....

3760

P. O. Address.....

Princeton, 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.