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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3289

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 24

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

59 1 2

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Minnie C. West
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 Widowed
6. (b) Name of husband or wife Ralph W. West
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1870 (Year)

8. AGE: Years 70 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John Tincher
13. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name Margaret Shires
15. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Mrs. W. H. Elliott
(b) Address 809 Locust Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Mo.
19. (a) 2-4-41 (Date received local registrar) (b) H. W. Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1941 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from July, 1940, to 2-2-, 1941; that I last saw her alive on 2-2-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Artero-Sclerosis

Due to

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? (e) Means of injury

23. Signature Reuben Carney (M. D. ~~or other~~)
Address Chillicothe Mo. Date signed 2-3-1941

(Licensed Embalmer's Statement on Reverse Side)

**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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P.O. Address Chillicothe, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**