

No. 2
13-40
17-39
3159

1941 FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3564

Registration District No. 605

Primary Registration District No. 4359

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Como Rural Mo.
(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 1 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Billie Nathan Minnick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 Nov - 16 - 40
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Howard Minnick
(City, town, or county) (State or foreign country)

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

14. Maiden name Stella Hanley

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

16. (a) Informant Howard Minnick

(b) Address Pallipoussa

17. (a) Burial (b) Date thereof 1-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minnick Cem

18. (a) Signature of funeral director D. Newmyer

(b) Address Parma, Mo.

19. (a) 1-18-41 (b) D. Newmyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Pallipoussa Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 41 hour 3 minute 30 PM.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 18, 1941,
that I last saw him alive on Jan 18, 1941,
and that death occurred on the 18 date and hour stated above.

Immediate cause of death Pneumonia
Tuberc

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? _____

534 (Specify type of place) _____ (e) Means of injury _____

23. Signature D. Newmyer (M. D. or other) D
Address Parma Mo Date signed 1/19/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 27

District File Number 241-208

Date Filed 2/11/41

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.....

P. O. Address.....

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.