

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7894

Registration District No. 117 Primary Registration District No. 5941 Registrar's No. 5

1. PLACE OF DEATH:
(a) County. Pulaski
(b) City or town. Rickland
(c) Name of hospital or institution: Liberty
(d) Length of stay: In hospital or institution. 20 years
In this community. 20 years

3. (a) PRINT FULL NAME. WILLIAM EDWARD MINER
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. married
6. (b) Name of husband or wife. Gertrude Miner 6. (c) Age of husband or wife if alive. 50 years
7. Birth date of deceased. Oct 17 1929

8. AGE: Years 61 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace St Louis Mo

10. Usual occupation. Farmer

11. Industry or business _____

12. Name Edward Miner
13. Birthplace St Louis Mo
14. Maiden name Mrs. Pufferhouse
15. Birthplace St Louis Mo

16. (a) Informant. Gertrude Miner
(b) Address Rickland 270
17. (a) Burial (b) Date thereof 2/8/41
(c) Place: burial or cremation. Valhalla Cemetery

18. (a) Signature of funeral director R. B. Sevens
(b) Address Rickland Mo
19. (a) Feb 9 1941 (b) Orville A. Oliver

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Rickland
(d) Street No. Liberty
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 6th year 1941 hour 2 minute 30 p.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
History of heart attack (Angina) was existing
Due to fatigue
Other conditions when body was fatigued
Physician made a post-mortem examination
Of autopsy made a post-mortem examination

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). accident
(b) Date of occurrence Feb 6, 1941
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury heart
23. Signature C. Walatta (M. D. or other) Coroner
Address Crooked Mo Date signed 2-8-41

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

55
30
0

RECEIVED

District Health Officer No. 5,

District File Number 341334

Date Filed _____

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.