

DEPARTMENT OF COMMERCE **FILED JUN 10 1941** MISSOURI STATE BOARD OF HEALTH
 BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

17745

State File No. 4
 Registrar's No. 3.3

Registration District No. 295 Primary Registration District No. 4179

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Sullivan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ESTEL STANTON MINER
 (b) If veteran, name war No. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Chloe Miner 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased March 21 1874
 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Salem Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter
 11. Industry or business Carpentry

MOTHER FATHER
 12. Name Ben Miner
 18. Birthplace Salem, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Huffmann
 15. Birthplace Salem Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Chloe Miner
 (b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof May 15, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salem, Missouri.

18. (a) Signature of funeral director Thos. P. Hoffman
 (b) Address Sullivan, Missouri.
 19. (a) 5-13-41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Sullivan
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 12
 year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 12 to May 12, 1941, that I last saw her alive on May 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Sudden

Due to Septicemia
 Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 926

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 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?
 23. Signature [Signature] (M. D. or other) 0
 Address Sullivan, Mo Date signed 5-13-41

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

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

Edgar W. Laffoon

Licensed Embalmer No.

3394

P. O. Address

Sullivan, 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.