

Registration District No. 337Primary Registration District No. 3747Registrar's No. 10

## 1. PLACE OF DEATH:

- (a) County Mercer
- (b) City or town Washington
- (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 \_\_\_\_\_ (Specify whether

In this community 88 Years3. (a) PRINT FULL NAME C. Louise Minter

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 James Minter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 30 1852  
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Green Co., Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. V. Granlee

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

14. Maiden name E. Maples

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

16. (a) Informant's own signature Osceola Minter(b) Address Mill Grove

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

(c) Place: burial or cremation Coon18. (a) Signature of funeral director Western Funeral Home(b) Address Princeton, Mo.

19. (a) June 4 41 (Date received local registrar) (b) Mrs. C. Paul Thomas (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. E. of Princeton, Mo.  
(If rural, give location)(e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1941 hour 8:17<sup>50</sup> minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Jan 12  
1941 to May 15, 1941  
that I last saw her alive on March 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Left Breast 15 yrs

Due to \_\_\_\_\_

Due to 50Other 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? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

22. Signature E. W. Cuming (M. D. or other) \_\_\_\_\_Address Spickard Mo Date signed \_\_\_\_\_

**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 Martini

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.**