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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED SEP 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27784

Registration District No. 74 Primary Registration District No. 5113 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Rural - Rocky Fork Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rocky Fork Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No
In this community (Specify whether years, months or days): Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Burnsus Station (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SQUIRE HART McMINN
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mahala Rose
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Sept. (Month) 25 (Day) 1853 (Year)

8. AGE: Years 88 Months 10 Days 24 If less than one day hr. min.

9. Birthplace: Boone County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: R. L. McMinn
FATHER 13. Birthplace: Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Jane Hart
MOTHER 15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Howard Barnes
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 21 '41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt View Cem
18. (a) Signature of funeral director: A. Berkey
(b) Address: Columbia, Mo.
19. (a) 8-21-41 (Date received local registrar) (b) Mrs. F. L. Faucett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1941 hour 5:30 pm minute M.
21. I hereby certify that I attended the deceased from July 12th, 1941, to Aug 19, 1941, that I last saw him alive on Aug 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio Pneumonia — Duration
Due to: Influenza
Due to:
Other conditions: Senility (Include pregnancy within 3 months of death)

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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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Lloyd Simpson (M. D. or other) D
Address: Aug 23 to Columbia Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

AUG 2

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. 4132

P. O. Address Columbia, M

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.