

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28863

Registration District No. 561

Primary Registration District No. 5753-A

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon (Rural) Saline  
(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  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66  
(c) City or town Eldon  
(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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Mich 1st 1940 to 8/17 1941;  
that I last saw her alive on aug 17 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

2

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?

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

23. Signature G. D. Allen (M. D. or other) 0  
Address Eldon Mo Date signed 8/26/41

3. (a) PRINT FULL NAME Minerva Leona Hicks

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 George W. Hicks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 7 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 18 hr. min.

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

10. Usual occupation Housewife

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

12. Name George W. Carrender

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

14. Maiden name Mary Hicks

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

16. (a) Informant Dolly Hicks  
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 8-26-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 8-26-41 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
Miller County Health Dep't  
County File Number 41-88  
Date Filed 9/17/41

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.....  
Louis D. Phillips..... Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Eldon

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.