

Registration District No. **5177 DEC 17 1940**

Primary Registration District No. **5873**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Cooter, Rural**
(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**

(c) City or town **Cooter, (Rural)**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Wallace Miner**

3. (b) If veteran, name war **D.K.**

3. (c) Social Security No. **D.K.**

4. Sex **Male** **2**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dorothy Miner**

6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **Dont Know**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	48			hr. min.

9. Birthplace **Dont Know** **9**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Laborer**

11. Industry or business **None**

MOTHER FATHER { 12. Name **D.K.** **?**

13. Birthplace **D.K.** **?**
(City, town, or county) (State or foreign country)

14. Maiden name **D.K.**

15. Birthplace **D.K.** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Miner**

(b) Address **Holland, Mo.**

17. (a) **Burial** (b) Date thereof **10-21-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **County Home Cemetery**

18. (a) Signature of funeral director **None**

(b) Address _____

19. (a) **12-2-1941** (b) **Tom Briggner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **20**
year **1941** hour **1** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Indigestion**

Due to _____

Due to _____

Other conditions **11813**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 **Jules L. Moore** **21**
Wayne Mo **Coron**
(Date received local registrar) (Date signed)

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

12-41-14

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.