

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

4  
2  
1

1. PLACE OF DEATH:

(a) County Rayette

(b) City or town Highersville Mo  
(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 entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rayette

(c) City or town Highersville Mo  
(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.

3. (a) PRINT FULL NAME Edward Minershegan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
year 1941 hour 12:05 minute P. M.

4. Sex Male race White

5. Color or race \_\_\_\_\_

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

6. (b) Name of \_\_\_\_\_ or wife Clara

6. (c) ~~Age of husband~~ wife if alive 65 years (Day) (Year)

7. Birth date of deceased July 15 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1938, to Nov 4 1941; that I last saw him alive on Nov 3 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Arteriovascular Fibrillation  
Chronic Myocarditis  
Due to Hypertension

Duration 6 wks  
years  
years

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

Other conditions (Include pregnancy within 3 months of death) 938

10. Usual occupation Farmer

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Herman Minershegan

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

14. Maiden name Helena Minershegan

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

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? \_\_\_\_\_

16. (a) Informant Clara Minershegan

(b) Address Highersville Mo

17. (a) Buried (b) Date thereof 11-6-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature Edward Webb (M. D. or other) MD  
Address Highersville Mo Date signed Nov 4-41

18. (a) Signature of funeral director Ed Minershegan

(b) Address Highersville Mo

19. (a) 1181428 (b) Edward Webb  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-16-42

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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

*Roy F. Wiegner*

Licensed Embalmer No. 2883

P. O. Address

*Higginville, Md.*

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.