

Registration District No. **19223**

Primary Registration District No. **5967**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Rural Salt Springs Mo**
(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 **60 yrs.**
In this community **60 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Rural**
(d) Street No.
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Effie Jane Minor**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Fe** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **August 28 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **11** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Bently Broaddus**

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

14. Maiden name **Eliza Jane Herlin**

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

16. (a) Informant **Mrs. Dollie Mae Hughes**

(b) Address **Huntsville, Mo, RR # 3**

17. (a) **Burial** (b) Date thereof **4/12/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hagar Cemetery**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **4/25/42** (b) **Mrs. P. V. Drayton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th**
year **1942** hour **9:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 9th**
19 **42** to **April 17th** 19 **42**
that I last saw her alive on **April 9th** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**
Due to **Senility**
Due to

Other conditions **162f**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (Cause of injury) **2**

23. Signature **U. A. Johnston** (M. D. or other) **U. A.**

Address **Huntsville Mo** Date signed **4/20/42**

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

67
29/42

APR 29 1942

DEC 7 1936

RECEIVED

District Health Officer No. 10

District File Number 4-27-829

Date Filed APR 27 1942

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

Paul S. Patton

Licensed Embalmer No.

4095

P. O. Address

Huntsville, 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, fact should be so stated above.