

Registration District No. 85

Primary Registration District No. 1001

State File No.

Registrar's No. 469

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(c) Name of hospital or institution Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(d) Street No.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME

Henry Minkner

(b) If veteran, name war

None

(c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

Ola Minkner

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased

September 18th 1878

8. AGE:

Years 63 Months 9 Days 20 hr. min.

9. Birthplace

Wilcox, Nebraska

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name William F. Minkner

13. Birthplace Unknown, Germany

14. Maiden name Bertha Syre

15. Birthplace Unknown, Wisconsin

16. (a) Informant

Mrs Henry Minkner

(b) Address

Darlington, Missouri

17. (a) Removal

(b) Date thereof 7/8/42

(c) Place of burial or cremation

Darlington, Missouri

18. (a) Signature of funeral director

Walter B. ...

(b) Address

319 So. 10th Street, St. Louis

19. (a) 7-9-42

(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1942 hour 9:00 minutes 45a.m.

21. I hereby certify that I attended the deceased from July 4th 1942 to July 8th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease

Due to Arteriosclerosis

Due to

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

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: [Signature] (M. D. or other) Address: [Address] Date signed: 7-8-42

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

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 7-8-42
....., Registered Apprentice No.
working under my personal supervision.

Signed

Wm. J. Summers, Jr.

Licensed Embalmer No. 3007

P.O. Address 3196 N. Joseph. W.

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.