

FILED NOV 13 1942

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Madaway City
(b) City or town Marionville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis
(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)

3. (a) PRINT FULL NAME Ida Melnd Minch

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. SO

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

7. Birth date of deceased July 11 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 28 hr. min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business.....

12. Name G. Fredrick Minch

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

14. Maiden name Matilda Kuntz

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

16. (a) Informant Bertray Funeral Home

(b) Address Rockport Mo

17. (a) Burial (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill

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

(b) Address 951 South Main Marionville Mo

19. (a) Oct 10 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Rockport Marionville
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1942 hour 5 minute 02 P.M.

21. I hereby certify that I attended the deceased from 10-5 1942 to 10-9 1942
that I last saw him alive on 10-9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Myocarditis
Chc. Ethio-Carditis
Due to Acute Cholecystitis
Cholelithiasis

Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: Acute Cholecystitis
Of operations Progressive of G. B.
Of autopsy Cholelithiasis

Duration
2
3

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) Means of injury.....

23. Signature B. F. Blyden (M. D. or other) 942
Address Marionville Mo Date signed 10/10/42

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

74
74

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..... *William Campbell*.....
Licensed Embalmer No..... *2620*.....
P. O. Address..... *Marionville 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.