

FILED JAN 11 1942

Registration District No.

Primary Registration District No. 3.0.0.6-5120

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: B.C. Hospl
(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 Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 702 N 7th St Columbia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sandra K Minor

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Dec 19 1942
(Month) (Day) (Year)

8. AGE: Years X Months X Days X If less than one day 5 hr. _____ min.

9. Birthplace B C Hospl D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Babe

12. Name Mrs Joseph Minor

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

14. Maiden name Margarete Breaks

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

16. (a) Informant Mrs Joseph Minor

(b) Address 702 N 7th Columbia Mo

17. (a) Burial (b) Date thereof Dec 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director P. Overett

(b) Address Columbia

19. (a) 12.25-42 (b) Edna H Barber
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased (from Dec 18 1942 to Dec 19 1942) that I last saw her alive on Dec 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

Due to indivision

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

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 E. D. B. ... (M. D. or other) M. D.

Address Columbia Date signed 12/21/42

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

MOTHER FATHER

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.....

R. W. Reed
.....
Licensed Embalmer No.....

P. O. Address.....
5183

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.