

FILED DEC 10 1942

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 74

89
00

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Twp Rural
(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 40 years
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Ray

(c) City or town RICHMOND, Mo. Rural
(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 _____

3. (a) PRINT FULL NAME Delia Margaret Minnick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23
year 1942 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert C. Minnick

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

7. Birth date of deceased Nov 27 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 20, 1942 to Nov. 23, 1942
that I last saw her alive on Nov. 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hrs.

8. AGE: Years Months Days If less than one day

66 11 26 hr. _____ min. _____

Due to Arterial Sclerosis

9. Birthplace Rockingham Co Virginia
(City, town or county) (State or foreign country)

Due to _____

10. Usual occupation House Keeper

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

11. Industry or business _____

12. Name Mickel Lohr

13. Birthplace Virginia Rockingham Co
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth S. Lohr

15. Birthplace Virginia Rockingham Co
(City, town or county) (State or foreign country)

Major findings: Of operations 9/4a

Of autopsy _____

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

16. (a) Informant Mrs. Rayven Minnick

(b) Address Richmond, Mo

17. (a) Burial (b) Date thereof Nov 25 42
(Burial, cremation or inhumation) (Month) (Day) (Year)

(c) Place: burial or cremation Walden Cemetery

18. (a) Signature of funeral director Jno W. Knipschild

(b) Address Walden Mo

19. (a) Nov 24, 1942 (b) Mrs. Chas. W. Sheppard
(Date received local registrar) (Registrar's signature)

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)

(c) Means of Injury _____

23. Signature Dr. E. G. Reiser (M.D. or Other)

Address RICHMOND, MO Date signed Nov 23, 42

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 12-14-42

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 me

-----, Registered Apprentice No. -----,
working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.