

FILED MAR 10 1943

Registration District No. 98

Primary Registration District No. 4162

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Davis-Co
(b) City or town Lock Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies Co
(c) City or town Lock Springs
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HESTER-ANN-MINNICK

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Thomas Minnick 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct 23 1889
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm T Pagan

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

14. Maiden name Marion Brooks

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

16. (a) Informant W P Minnick

(b) Address Lock Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lock Springs

18. (a) Signature of funeral director H. P. Newton

(b) Address Lock Springs Mo

19. (a) 2-19-1943 (Date received local registrar) (b) R. O. Richerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1943 hour _____ minute 7 A. M.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Jan 28 1943 that I last saw him alive on Jan 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
stroke

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 lb

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) (e) Means of injury _____

23. Signature D. S. Minnick (M. D. or other)

Address Lock Springs Mo

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: *H S P Nelson*

Licensed Embalmer No. *3001*

P. O. Address: *Jamesport, N.Y.*

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.