

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

FILED MAR 16 1943

Registration District No.

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Haskell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Nursing Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo - 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Nowinger
(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 James E Minor

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years 74 Months Days If less than one day hr. min.

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

10. Usual occupation Labour

11. Industry or business Truck line

12. Name Nichols Truck Service

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant V Robtson

(b) Address Nowinger gas sta

17. (a) burial (b) Date thereof 2-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myland

18. (a) Signature of funeral director E. B. Hoppe

(b) Address Bellevue, Mo.

19. (a) 2/26/43 (b) Mrs. J. P. Wayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/ day 22
year 1943 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 10 1942
to Feb 22 19 43
that I last saw him alive on Feb 22 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death myoplemy

Due to Hypertension

Due to

Other conditions 820
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?
(Specify type of place) (e) Means of injury 2

23. Signature M. J. Wayman (Type or other) D.O.
Address Haskell Mo Date signed 2/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1049

RECEIVED

District Health Officer No. 10

District File Number

3-43-583

Date Filed

MAR 12 1943

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.....

Licensed Embalmer No. 4260

P. O. Address. Clarence 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.