

14657

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 170

Primary Registration District No. 4264

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Conway
(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 _____ years, months or days)

3. (a) PRINT FULL NAME MINERVA OLIVE ANGLIN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Anglin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eliza Gordon
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret A. Harvey
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Rector
(b) Address Conway Mo.

17. (a) Burial (b) Date thereof April 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director W.E. Halman
(b) Address Lebanon Mo.

19. (a) April 29 43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1, 1943 to Apr 18 1943
that I last saw her alive on Apr 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82

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 J. W. Hunsday (M.D. or other) MD
Address Conway Date signed 4-27-43

Received MAY 7 1943
Laclede County Health Unit
File No. 4-43-65
Date Filed MAY 11 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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.