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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 193

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

**1. PLACE OF DEATH:**

(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:** 81

(a) State: Missouri (b) County: Ralls 0
(c) City or town: Oakwood 0
(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: Charles B. Minnick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White 0
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Ida Harrison
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: December (Month) 9 (Day) 1889 (Year)

8. AGE: Years 53 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace: Walnutport (City, town, or county) Pennsylvania / (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: St. Louis & Hannibal Rway.

FATHER
12. Name: Bowman Minnick
13. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Katherine Mummy
15. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Charles Minnick
(b) Address: Oakwood Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Antioch
18. (a) Signature of funeral director: Wm. M. Smith
(b) Address: 902 Broadway Hannibal
19. (a) July 9 1943 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 3 year 1943 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 30 1943 to July 3 1943; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 15 Min
Due to: ?
Due to: ?
Other conditions (Include pregnancy within 3 months of death): Intestinal disturbance
Major findings: Of operations: Operated 10 days before
Of autopsy: 12 20

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. H. Hamilton (M. D. or other)
Address: Hannibal Mo. Date signed: July 9 43

(Licensed Embalmer's Statement on Reverse Side)

**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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

**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.**