

FILED OCT 7 1943

Registration District No. **10-1-1**

Primary Registration District No. **5596**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **Desoto Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Route 1, Desoto**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **6 Month**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route 1, Desoto**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARION G. MINKS**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Alice Stanford** 6. (c) Age of husband or wife if all **Deceased**

7. Birth date of deceased **July 9 1873**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>70</b> | <b>2</b> | <b>23</b> | hr. _____ min. _____ |

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

10. Usual occupation **Ret. Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Marion Minks**

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

14. Maiden name **n**

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

16. (a) Informant **Mrs Tom Blum**

(b) Address **3408 Park Ave**

17. (a) **St Louis Mo** (b) Date thereof **Oct. 3, 1943**  
(Burial, cemetery, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial, Desoto, Mo**

18. (a) Signature of funeral director **Lee Mothershead**

(b) Address **Desoto, Mo**

19. (a) **10-4-43** (b) **Fern Spencer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**  
year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Coroner's Report**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic injury with decapitation**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **169-8**

Major findings: Of operations **SD**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 250**

(b) Date of occurrence **Oct 3 1943**

(c) Where did injury occur? **Desoto Jefferson Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on crossing railway tracks**

While at work? **no** (Specify type of place) **street**  
(a) Means of injury **train**

23. Signature **Stall** (M. D. or other)

Address **Coroner's Office Mo.** Date signed **10/4/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50  
00  
0

-67  
6/43

SEP 4 1959

OCT 8 1949

OCT 6 1949

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 *J. H. Mochter*  
Licensed Embalmer No. *3531*

P. O. Address *Dept 5 m*

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.