

FILED NOV 10 1943

Registration District No. 23

Primary Registration District No. 5558

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Howell
(b) City or town "Rural" Dry Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pomona, Mo. R.R.#2 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 7 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Pomona, Mo. R.R.2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Bagby Minson

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

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

6. (b) Name of husband or wife Celia Minson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 24, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 24 hr. min.

9. Birthplace Jefferson County, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Minister and Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Minson,

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

14. Maiden name Cameron

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

16. (a) Informant Mrs. Celia Minson,

(b) Address Pomona, Mo. R.R.2

17. (a) removal (b) Date thereof Oct 19, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridges Creek Cem. Elijah, Mo.

18. (a) Signature of funeral director H. H. Thornburgh
(b) Address West Plains, Mo.

19. (a) 10/28/43 (b) Nanette Higuer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1943 hour 4: minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/15/43 19 to 10/18/43 19 ;
that I last saw him im alive on 10/17/43 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uraemic Poisoning ^{Duration} 72 hrs

Due to Chronic Nephritis with total suppression of urine. 72 hrs.

Due to #

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

Major findings: Of operations #

Of autopsy _____

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?

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

23. Signature H. H. Thornburgh (M.D. or other)

Address West Plains, Missouri Date signed 10/20/43

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

116
0
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RECEIVED

District Health Officer No. 5,

District File Number 11 43 651

Date Filed 11 8 - 43

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.....

Hal Thomburg

Licensed Embalmer No. 3408.

P. O. Address West Plains, 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.