

FILED MAR 8 1944

Registration District No. 170

Primary Registration District No. 5636

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town BRUSH CREEK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BRUSH CREEK MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ALWAYS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town BRUSH CREEK
(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 _____

3. (a) PRINT FULL NAME ADA MAY MINKLER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARK A. MINKLER 6. (c) Age of husband or wife if alive, years _____
7. Birth date of deceased AUG 7 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name FRANK BIGGS

13. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

14. Maiden name ROSA MISSIE

15. Birthplace STONE CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ans. Biggs
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) Nov 2-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 12-26 1943 to 12-27 1943
that I last saw her alive on 12-27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

Due to Tuberculosis of the lung

Other conditions Chronic valvular heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1381

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 9

23. Signature Austin B. Knowles (M. D. or other) P.O. _____
Address Lebanon, Mo. Date signed 1/13/44

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

53
0
0

1090

Received

Laclede County Health Unit

File No. 2-44-26

Date Filed 3/7/44

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 *Allyn Dechorage*

Licensed Embalmer No. 4333

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.