No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10512

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 725 Lester St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Poplar Bluff, Mo 7
(If outside city or town limits, write "RURAL") 3

(d) Street No. 725 Lester
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Rube Forrest Minetree

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 /

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 30, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Hickman, Ky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Groceries

11. Industry or business

FATHER
12. Name N. Minetree
13. Birthplace Ky. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Cook
15. Birthplace Hopkinsville, Ky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma Minetree
(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-16-44
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn—Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank—Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 3-18-44 (Date received local registrar) (b) Belle Kinnie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 12, 1944 to Mar. 14, 1944
that I last saw him alive on Mar. 13, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to High blood pressure	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Poplar Bluff Date signed Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-52
Date Filed 3-22-44

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Poplar Bluff 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.