

S. No. 2  
DM-8-43  
v. 5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23735

FILED OCT 23 1944

Primary Registration District No. 1600

Registrar's No. 1027

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1216 No. 12th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two years  
(Specify whether  
 In this community 34 years  
years, months or days)

3. (a) PRINT FULL NAME Nattie Minnick  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female / Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John I.  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased July 10, 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 29  
 If less than one day hr. min.

9. Birthplace Beaconsfield Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
Home

MOTHER FATHER  
 12. Name John Miller  
 13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Asteria Ames  
 15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John I. Minnick  
 (b) Address 1216 No. 12th St., City

17. (a) Burial (b) Date thereof 10/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Mora Cemetery

18. (a) Signature of funeral director John C. Dupay  
 (b) Address 6054 Pryor Ave., City

19. (a) 10/11/44 (b) Telen T. Chalk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan 11  
 (c) City or town St. Joseph 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1216 No. 12th St. 7  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 9,  
 year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 6th  
1944 to October 9th, 1944;  
 that I last saw him alive on October 6th, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 3 days  
 Due to Atherosclerosis 15 yrs

Due to 94a  
 Other conditions 94a  
(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) (e) Means of injury 0 M. D.  
 23. Signature Charles H. Kemmer M. D.  
 Address Social Welfare Board Date signed 10/11/44

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

1577

NOV 24 1944

NOV 29 1944

DEC 7 1944

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: \_\_\_\_\_

Licensed Embalmer No. B 986

P. O. Address J. Joseph, 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.