

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1945
Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5823

41708

State File No. _____
Registrar's No. 57

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural, New Madrid Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 10 years (about)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural - 3 mi. North New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile North west New Madrid, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pink L. Minnis
3. (b) If veteran, name war World war I
3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 0 John day 25
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept. 8
1944 to Sept. 21, 1944
that I last saw him alive on Sept. 21, 1944
and that death occurred on the date and hour stated above.

4. Female 5. Color or race Caucas
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lurzenia Minnis
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct 2 1893
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
Duration ? yrs.

8. AGE: Years Months Days If less than one day
51 _____ 23 hr. _____ min.

Due to _____
Due to 112
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Unk. (City, town, or county) (State or foreign country)
10. Usual occupation Farm laborer
11. Industry or business _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Andrew Minnis
13. Birthplace Unk. Virginia (City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant Lurzenia Minnis
(b) Address New Madrid Mo. Rt. 1
17. (a) Burial (b) Date thereof Oct. 28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Kewanee
18. (a) Signature of funeral director Richard Und. Co.
(b) Address New Madrid, Mo.
19. (a) 1-15-44 (b) Amo J. L. Parrott
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 2
23. Signature W. Hadley (M.D. or other) no.
Address Walburn, Mo. Date signed 1/6/44

1 - 2 - 45 130 / Telephone on Reverse Side

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

JAN 10 1945

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 Les Wedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.