. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20108

State File No.

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Salisbury 91
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dolly McCully

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph Wm

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

7. Birth date of deceased June (Month) 18 (Day) 1861 (Year)

8. AGE: Years 83 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Thomas Hill (City, town, or county) Mo (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Alexander Minor
13. Birthplace Buckingham Co (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Josephine Minor
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Ellen Wilhite
(b) Address Salisbury Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director C B Winkelmeyer
(b) Address Salisbury Mo

19. (a) 6/14/45 (Date received local registrar) (b) R A Keling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 12 minute 20 A M.

21. I hereby certify that I attended the deceased from June 10, 1945, to June 11, 1945
that I last saw her alive on June 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 W

Of autopsy

Duration

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 W W Hawkins (M. D. or other)

Address Salisbury Mo Date signed 6/12/45

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 9/11/45

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.