

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 1945 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 43

Primary Registration District No. 5141

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Julien "rural" Call's Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Son Wash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Julien Mo "rural"
(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 George Freel Minks

3. (b) If veteran, name war _____
3. (c) Social Security No. 492-16-7372

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased June 7 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name James Minks
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Alice Braselton
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Son: Wash Minks

(b) Address Julien Mo "rural"

17. (a) Burial (b) Date thereof Nov. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Male Hill

18. (a) Signature of funeral director Lanier Funeral Home

(b) Address Campbell Missouri

19. (a) 12-1-45 (b) W. A. Mink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

22. DATE OF DEATH: Month November day 26
year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 10th 1945 to Nov. 4th 1945
that I last saw him alive on Nov. 4th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure ?

Due to Arterial Hypertension ?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 450

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wallace Arselay (M. D. or other) MD

Address Campbell Mo. Date signed 11/30/45

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

2
8

RECEIVED

District Health Office No. 2

District File Number 1845-3386

Date Filed 12-11-45

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..... *E. W. Sanders*

Licensed Embalmer No. 2289

P. O. Address..... *Campbell, 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.