S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 297591

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 314

1. PLACE OF DEATH:

(a) County Cape Girardeau — Died on way to Hospital
(b) City or town Cape Girardeau — In city limits
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Cape City
800 Block on North Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 Bloomfield St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jefferson A. Minton

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-3473

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Bertha Nanney

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

7. Birth date of deceased July (Month) 10th (Day) 1885 (Year)

8. AGE: Years 61 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Timber worker

11. Industry or business J. D. Mackey Stave Mill - Jackson, Mo.

FATHER
12. Name Robert Minton
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Nancy Taylor
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Bertha Minton
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Minton Cemetery

18. (a) Signature of funeral director L. L. Hamon
(b) Address Cape Girardeau, Mo.

19. (a) 9-21-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Injuries of the right abdomen & hemorrhage

Due to being pinned against a tree by a log he was pulling with

Due to a team of horses

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

195E

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) Accident 16
(b) Date of occurrence Sept. 18, 1946
(c) Where did injury occur? Egypt Mills (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm of Charley Kirchoff - Cape R 1. (Specify type of place)
While at work? Yes (e) Means of injury Log & tree

23. Signature Dr. J. F. Sigmund Coroner (M. D. or other)
Address Jackson, Mo. Date signed 9/21/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2673

Date Filed 9-30-46

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 Howard L. Hamann

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.