S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

Registration District No. 1884

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5336

Primary Registration District No. 5614

Registrar's No. 201

1. PLACE OF DEATH:
(a) County: Knox County.
(b) City or town: Rural. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: 2½ Mi. North of Plevna. (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles Ernest Minor.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sylvia Minor
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 18 (Day) 1884 (Year)
8. AGE: Years 63 Months 2 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace: Knox Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business .....
FATHER
12. Name: Gideon Minor
13. Birthplace: Not Known. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Lucretia Anderson
15. Birthplace: Knox Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Sylvia Minor
(b) Address: Plevna. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Salem Cemetery
18. (a) Signature of funeral director: W Mungore
(b) Address: Bethel. Mo.
19. (a) Jan-13-48 (Date received by local registrar) (b) Nile B. Hurst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 1 1947 to Jan 4 1948 and that I last saw him alive on Jan 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Bronchiogenic carcinoma	9 mo.
Due to	
Due to	
Other conditions: Coronary occlusion. (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: HNO

PHYSICIAN — Underline the cause of 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: A O Wright DO. (M. D. or other) DO
Address: Leonard Mo. Date signed: 2/10/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-330
Filed FEB 16 1948

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 Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Cll. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, Missouri

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.