

S. No. 2  
M-5-43  
r. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5373**  
Registrar's No. **15**

FILED MAR 5 1948

Registration District No. **12**

Primary Registration District No. **4270**

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Dover**  
(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 **Life** \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette** **54**

(c) City or town **Dover** **0**  
(If outside city or town limits, write "RURAL") **3**

(d) Street No. \_\_\_\_\_ (If rural, give location) **3**

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John G Minor**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21**  
year **1948** hour **7** minute **45 P** M.

21. I hereby certify that I attended the deceased from **2-31**, 19**48**, to **2-21**, 19**48**  
that I last saw him alive on **2-31**, 19**48**  
and that death occurred on the date and hour stated above.

4. Sex **male** **2** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **2** **26** **1876**  
(Month) (Day) (Year)

Immediate cause of death:  
**Convulsions generalized about 8 hours  
Symptomatic of strychnine  
Dysentery colonic notified of  
this condition and he advised me  
to sign this certificate**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

**71** **11** **25** hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Lafayette Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pensioner**

11. Industry or business \_\_\_\_\_

12. Name **John Allen Minor**

13. Birthplace **Callaway Co Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mirabel Rucker**

15. Birthplace **Lafayette Co Mo**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **57K**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Anna Hattie Jackson** **mo**

(b) Address **219 E. Farmer Independence**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-24-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Dover Mo**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Green & Sons**

(b) Address **Lexington Mo**

19. (a) **2-25-48** (Date received local registrar) (b) **Clayton H. Landrum** (Registrar's signature) **124**

23. Signature **Geo A. Telling** (M. D. or other) **0**

Address **Warrenton Mo** Date signed **2-22-48**

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

3-4-48

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

*George H. Green*

Licensed Embalmer No. 45220

P. O. Address Lexington

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.