

FILED AUG 22 1948

Registration District No. 298

Primary Registration District No. 3054

Registrar's No. 91

## 1. PLACE OF DEATH:

(a) County Pike  
 (b) City or town LOUISIANA  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pike County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether  
 In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME John Edward Minor

3. (b) If veteran, World War #1 name war  
 3. (c) Social Security No. 499-07-0984

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy May Minor  
 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October 16, 1893  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 9 15 hr. min.

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

10. Usual occupation Nursery Worker11. Industry or business Stark Bros. Nursery12. Name Edward Woodard Minor13. Birthplace Delaware  
 (City, town, or county) (State or foreign country)14. Maiden name Hanna Bernice Messick15. Birthplace Rockport, Ill.  
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. John E. Minor(b) Address Gen. Delivery, Louisiana, Mo.17. (a) Burial (b) Date thereof 8-3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Riverview Cemetery18. (a) Signature of funeral director George O. Wagner(b) Address Louisiana, Missouri19. (a) 8-3-48 (b) Bernice Collins  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. River Road, near Louisiana, Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
 year 1948 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
7-30, 1948 to 7-31, 1948  
 that I last saw him alive on 7-31, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 1 wk

Due to Carcinoma of Bladder 2 yr +

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

Major findings: h2 B  
 Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

## 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 0

23. Signature Chas H. Lowellen (M. D. or other)Address Louisiana, Mo. Date signed 8-2-48

AUG 26 1948

AUG 13 1948

RECEIVED

District Health Officer No. 1

District File Number 8-48-143

Date Filed AUG 11 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

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed

*George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, La.

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.