

No. 2  
5-5-43  
5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35369  
Registrar's No. 44

Registration District No. 336 Primary Registration District No. 6206

1. PLACE OF DEATH:  
(a) County Texas  
(b) City or town Raymonville Jackson  
(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  
In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Tex (b) County Texas  
(c) City or town Raymonville  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MINNIE ESTELLA LEWIS  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct, day 25, year 1948, hour 1, minute 00A.M.  
21. I hereby certify that I attended the deceased from Jan 10, 1948, to Oct 10, 1948, that I last saw her alive on Oct 10, 1948, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Edward  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Mar 13 1976 (Month) (Day) (Year)

Immediate cause of death  
Coronary occlusion  
Due to Hypertensive arteriosclerosis  
Due to Decompensative Heart disease  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

8. AGE: Years 72, Months 7, Days 12, If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Slaps  
13. Birthplace Ohio  
14. Maiden name Nancy Baughtman  
15. Birthplace Ohio

16. (a) Informant J. S. B. Shanks  
(b) Address Raymonville Mo  
17. (a) Burial (b) Date thereof 10/26/48 (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director Baylor V. Elliott  
(b) Address Houston Mo  
19. (a) Oct 28 48 (Date received local registrar) (b) Myrtia Craig (Registrar's signature)

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) (a) Means of injury  
23. Signature J. Purpus (M. D. or other) MD  
Address Houston Mo Date signed 10-26-48

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

MOTHER FATHER

RECEIVED 11-4-48  
District Health Officer No. 5,  
District File Number 1148685  
Date Filed 11-7-48

NOV 24 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 Frank E. Hood  
Licensed Embalmer No. 4026  
P. O. Address Houston, 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.