S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39568

Registration District No. 55 Primary Registration District No. 30 VI Registrar's No. 107

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 508 No. Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 75 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Carrollton, (If outside city or town limits, write "RURAL")

(d) Street No. 508 No. Main St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Susan Grace Minnis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Luther Minnis

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 23, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Steven Grace
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Francis Lawson Blue
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. W.M. Minnis

(b) Address Carrollton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Marshall Fun. Ho.

(b) Address Carrollton, Mo.

19. (a) 11/29/48 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June 30, 1948, to Nov 27, 1948, that I last saw h..... alive on Nov 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostasis	7 days
Due to Senility Cerebral Hemorrhage	1 mo.
Due to Hypertension Arteriosclerosis	15 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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 .....

23. Signature [signature] (M. D. or other) [signature]

Address Carrollton Mo Date signed 11/28/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-29-48

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

Signed R. M. Marshall, (Sr)

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.