

Registration District No. 1046Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County J Newton
(b) City or town Redings Mill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Redings Mill Community - R. 2-3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 Days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Della M. Minter 536

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Harry W. Minter 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Mar. 22, 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 8 19 hr. min.9. Birthplace Waldo Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name J. H. Magill13. Birthplace Robison Illinois
(City, town, or county) (State or foreign country)14. Maiden name Anna Stagg15. Birthplace Greenberg Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Harry W. Minter, Brainerd, Minn17. (a) Burial (b) Date thereof 12-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park View - Eastgate18. (a) Signature of funeral director Hurlbut Ind. Co.(b) Address 212 Joplin St., Joplin, Mo.19. (a) 12-12-39 (b) Ed D. Janner
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County _____
(c) City or town Brainerd
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1939 hour 6 minute 45 A. M.21. I hereby certify that I attended the deceased from Dec 11, 1939 only
_____, 19____, to _____, 19____;that I last saw her alive on Dec. 11, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion
Due to Hypertensive heart disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

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) Means of injury _____23. Signature D. T. Blauk, M.D. (M. D. or other) _____
Address at Minn, Joplin, Mo. Date signed 12-11-39

Duration

1 hour6 years?

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

Public Health Officer No. 6,

File Number 140-141

Date Filed JAN 9 1940

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 Steve L. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin, 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, above space should be left blank.