

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 8 - 1940

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 18

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: 206 W Benton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Leila W. Minnis
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5 year 1940 hour 8 minute 45 A.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Edward Minnis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 9, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 15-39, 19____ to Feb 5-, 1940
that I last saw h. er alive on Feb 5-40, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 11 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation At Home
11. Industry or business _____
12. Name John Warner
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Fleming
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Glen Huddleston
(b) Address Carrollton Mo
17. (a) Burial (b) Date thereof Feb. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo
19. (a) 2-7-40 (b) Puth Haskins
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
28. Signature H. B. [unclear] (M. D. or other) MD
Address Carrollton, Mo Date signed 2-7-40

RECEIVED
Health Officer No. 8
File Number
Date filed 3/7/40

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.