

FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21362

State File No. _____

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 72

1. PLACE OF DEATH

(a) County Cass
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. 416 W. Lincoln
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUDY-LEE-MINNIS.

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

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

6. (b) Name of husband or wife Lewis Minnis 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Home wife

11. Industry or business _____

12. Name Walter George Douglass

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertie Marshall

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Minnis

(b) Address Cassville Mo.

17. (a) Burial (b) Date thereof Jan. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Walter Marshall

(b) Address Cassville Mo.

19. (a) 6-28-41 (b) Paul Haskins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1941 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from January 18, 1941, to June 27, 1941;
that I last saw him alive on June 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

Duration
2 wks
5 yrs

Due to _____
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? _____

23. Signature Paul Haskins (M. D. _____)
Address Cassville Date signed 6/27/41

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

JUN 11 1950

JUN 22 1950

RECEIVED
District Health Officer No. 8
District File Number 7-9-41
Date Filed

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 myself

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

Signed R. M. Marshall

Licensed Embalmer No. 2575

P. O. Address Canfield MD

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.

