

3. No. 2  
-11-10-39  
5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36301

State File No. \_\_\_\_\_

FILLED NOV 14 1941  
836

Registration District No. 836

Primary Registration District No. 4508

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Bernie  
(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 \_\_\_\_\_ years, months or (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Bernie  
(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

3. (a) PRINT FULL NAME John Washington Minton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 29 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Jordan Minton  
 13. Birthplace Stoddard Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Flexie Howell  
 15. Birthplace Stoddard Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Minton  
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sycamore  
Blankenship-Strickland

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Dexter, Missouri

19. (a) Nov. 8, 1941 (b) Laura Hopkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30  
year 1941 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from 10-30-  
1941 to 10-30- 1941;  
that I last saw him alive on 10-30- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Accident, hit by a piece of timber flying across saw  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
175 lb

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 10-30  
(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?  
at his blacksmith shop  
While at work? yes (Specify type of place)  
(e) Means of injury flying timber

23. Signature Bessie (M. D. or other) \_\_\_\_\_  
Address Bernie, Mo. Date signed 11-8-41

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

RECEIVED

District Health Office No. 2,

District File Number 1141-1531

Date Filed 11/12/41

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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 \_\_\_\_\_

*J. E. Strickland*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. E. Strickland*

Licensed Embalmer No. 3479

P. O. Address Dept. 1142

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.