

FILED AUG 5 1942

Registration District No. 278

Primary Registration District No. 3015

Registrar's No. 86

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29
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(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 all of life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 108 West Morgan.
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME Robert L. Minor.

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Kate Minor. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 21 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th.
year 1942 hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from Dec 24 1940 to July 20 1942
that I last saw him alive on July 18 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 5 29 ----- hr. ----- min.

Immediate cause of death Chronic active hepatitis & pneumonia 6 mo. Duration

Due to 1318

Due to -----

Other conditions Toxic hepatitis
(Include pregnancy within 3 months of death)

9. Birthplace Howard County, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman.

11. Industry or business Shoe Factory

PHYSICIAN

Major findings:
Of operations -----

Of autopsy -----

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Frank Minor.

{ 13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Jennings.

{ 15. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. Minor.

(b) Address Boonville, Mo.

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? -----

17. (a) Burial (b) Date thereof July 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

While at work? ----- (Specify type of place)

(d) Means of injury -----

23. Signature Robert L. Wells (M. D. -----)
Address Boonville, Mo. Date signed 7-20-42

18. (a) Signature of funeral director Woodman T. Bolles

(b) Address Boonville, Mo.

19. (a) July 22-42 (b) Dr. Chas Swap
(Date received local registrar) (Registrar's signature)

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-4-42

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 _____

Licensed Embalmer No. 3062

P. O. Address Boonville, 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, fact should be so stated above.