

FILED OCT 13 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 893

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Mch. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sabra Jane Minor

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 Married

6. (b) Name of husband Dudley Minor

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 27 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 26
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm Johnson

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

14. Maiden name unnamed

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

16. (a) Informant Mrs Viola Teeler

(b) Address Westbury, Mo.

17. (a) Removal Removal (b) Date thereof 9 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of removal Christ Episcopal Home

18. (a) Signature of funeral director Marysville, Mo.

(b) Address Marysville, Mo.

19. (a) Sept 24 1942 (b) J. Hestebuck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32

(c) City or town Westbury (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

20. DATE OF DEATH: Month Sept day 23
year 1942 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 21 1942, to Sept 23 1942, that I last saw her alive on Sept 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: appendicitis - abscess Duration _____

Due to: Trauma with coincident infection of appendix

Due to: _____

Other conditions: Septicemia

(Include pregnancy within 3 months of death)

Major findings: Peritoneal accumulation in abdominal wall with adhesions and gangrene of appendix & caecum

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) accident 032

(b) Date of occurrence about 60 days ago

(c) Where did injury occur? in her home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in her chicken house at home on farm
While at work? yes (Specify type of place) (e) Means of injury fall

23. Signature J. Hestebuck (M. D. or other) no
Address Sept 24 1942 Date signed 10/4/42

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. 3960

P. O. Address Mayville, 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.