

State File No. _____

FILED MAR 10 1944
366

Registrar's No. 6

Registration District No. 366

Primary Registration District No. 6244

1. PLACE OF DEATH:

(a) County WASHINGTON UNION TOWNSHIP
(b) City or town CADET-MO. RR#1-Union
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON
(c) City or town CADET MO. RI
(If outside city or town limits, write "RURAL") U
(d) Street No. 2 MI. WEST.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country: A

3. (a) PRINT FULL NAME WILLIAM THOMAS MINX

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife JULIAN M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MEH. 30 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 11 _____ hr. _____ min.

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

10. Usual occupation BLACKSMITH

11. Industry or business

MOTHER FATHER { 12. Name MARION MINX
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant THOMAS C. MINX

(b) Address CADET, MO. RR#1

17. (a) ISURIAL (b) Date thereof 2-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLDMINES MO

18. (a) Signature of funeral director BOYCE FIDELLER

(b) Address POTOSI, MO

19. (a) 2-15-44 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1944. hour 4 minute 45A.M.

21. I hereby certify that I attended the deceased from 2-10
1944, to 2-11, 1944

that I last saw him alive on 2-10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart lesion

Due to chronic myocarditis.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____
Of autopsy _____

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 U

23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 2-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 344-350

Date Filed 3-8-44

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 *C. H. Boyer*

Licensed Embalmer No. 4158

P. O. Address Totopis, 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.