

**FILED MAY 15 1944**

Registration District No. **291**

Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **McCormick Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **919 Myra Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Johnny Marvin Minor**

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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **October 25 1943**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>0</b>	<b>5</b>	<b>12</b>	hr. min.

9. Birthplace **Moberly Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name **Franklin Minor**

13. Birthplace **Randolph County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nadine Lusby**

15. Birthplace **Randolph County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Franklin Minor**

(b) Address **Moberly, Missouri**

17. (a) **burial** (b) Date thereof **4/8/1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Wilmington, Mo**

19. (a) **4-20-44** (b) **Anna Havel**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**  
year **1944** hour **6:15 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **April 4** to **April 6**, 1944  
that I last saw him/her alive on **April 5**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lobar Pneumonia**

Due to **Influenza**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **W. N. Johnston** (M. D. or other) \_\_\_\_\_

Address **Moberly, Mo** Date signed **4/20/44**

Duration

**3 days**

**7 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**330**

1086

RECEIVED

District Health Officer No. 10

District File Number 5-44-1007

Date Filed MAY 12 1944

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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.....

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

Signed.....

*Paul S. Patton*

Licensed Embalmer No.....

*4095*

P. O. Address.....

*Huntville, M*

**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.**