

FILED JUN 11 1945

Registration District No. **3-5**

Primary Registration District No. **3011**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. N. Felger
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RECTOR BARTON Minnis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 1945 to 5-25, 1945
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Fannie Quarles 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Mar 29 1863
(Month) (Day) (Year)

that I last saw him alive on 5-25, 1945

Immediate cause of death Hypertrophy of the Prostate

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Merchant

11. Industry or business Retired

12. Name Wm Minnis

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

14. Maiden name Genea Hultz

15. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Minnis
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 5-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo

19. (a) 5-26-45 (b) Mr James Rafferty
(Date received local registrar) (Registrar's signature)

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 R. Cowherd (M. D. or other) DO
Address Carrollton Mo Date signed 5-26-45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6/8/45

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.