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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20687
State File No. _____
Registrar's No. 52

Registration District No. 164 Primary Registration District No. 3032

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: 820 Franklin
(d) Length of stay: In hospital or institution no
In this community 3 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg Mo.
(d) Street No. 420 Franklin
(e) Citizen of foreign country? no
If yes, name country.

3. (a) PRINT FULL NAME Mary Mindrup
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Theodoere Mindrup
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased June 4 1950
(Month) (Day) (Year)

8. AGE: Years 95 Months 0 Days 1
If less than one day hr. min.

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

10. Usual occupation House keeper Home

11. Industry or business

12. Name Fredrick Hoener

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

14. Maiden name Margaret N. Seiweg
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Fred Weirich
(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 6-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo.
(a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) June 6, 1945 (b) Lola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1945 hour 10 minute P M.
21. I hereby certify that I attended the deceased from June 5, 1945, to June 5, 1945,
that I last saw him alive on June 5, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Due to Coronary system degeneration
and general arteriosclerosis
Due to Semblity
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(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 [Signature] (M. D. or other)
Address Warrensburg Mo. Date signed 6-6-45

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

MOTHER FATHER

1001

(Licensed Embalmer's Statement on Reverse Side)

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..... *J. Earl Priest*.....
Licensed Embalmer No. **3878**.....
P. O. Address..... **Warrensburg 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.