

FILED OCT 6 1945

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 5-8

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard #5
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Morrison Greenwood 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 Married

6. (b) Name of husband or wife Gladys Dodson Minor 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 27 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 4 hr. min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Adolphus Minor
13. Birthplace Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Louvenia Ridgeway
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Dodson Minor
(b) Address R. F. D. 4 Fayette, Mo.

17. (a) Burial (b) Date thereof 9/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 9-3-45 (b) Anna P. Turbell
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1945 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 8-15-45
to Sept 1 1945

that I last saw him alive on Sept 1 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon with Generalized Metastasis Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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 Motor

Signature W. Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 9-3-45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

Ralph A Carr

Licensed Embalmer No. *3340*

P. O. Address *Jayetta 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.