

STANDARD CERTIFICATE OF DEATH

State File No. 38378

FILED DEC 7 1945
Registration District No. 313

Primary Registration District No. 4458

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Collins

(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 82 years (Specify whether years, months or days)

In this community 82 years

3. (a) PRINT FULL NAME Martha Elizabeth Minks

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June II 1863

(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 14 If less than one day hr. _____ min. _____

9. Birthplace St. Clair Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isham Cox

13. Birthplace Tenn

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

(City, town, or county) (State or foreign country)

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant A.B. Minks

(b) Address Collins Mo.

17. (a) Burial (b) Date thereof Nov. 26 1945

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holsapple Cem.

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Mo.

19. (a) Dec 1, 1945 (b) Ethelene Clifford

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Collins

(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 7 4 1945 to NOV. 25 1945; that I last saw him alive on NOV. 24 1945; and that death occurred on the date and hour stated above.

Immediate cause of death cancer of liver Duration 1944

Due to _____

Due to _____

Other conditions chronic myocarditis 1944

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Hof

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Dr. E.D. Brown (M. D. or other) DO

Address Collins Mo Date signed 11-27-45

DEC 1 0 1945

RECEIVED

Office No. 7
11-49-1162
12-6-45

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 Paul Twiston

Licensed Embalmer No. 3990

P. O. Address Osceola 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.