

FILED APR 15 1948
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Registration District No. _____

Primary Registration District No. 5774

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Ravanna Twp.
(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 All his Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Ravanna Twp.
(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 Jimmy Darrell Minshall

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

7. Birth date of deceased Oct 18 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 5 5 hr. min.

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

10. Usual occupation School Boy

11. Industry or business _____

12. Name Orda Minshall

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

14. Maiden name Imogene Cunningham

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

16. (a) Informant Orda Minshall

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 3-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Half Rock Ceme.

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

(b) Address Princeton, Mo.

19. (a) 3-16-46 (b) Jan Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1946 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 15 1946 to March 16 1946
that I last saw him alive on Feb 15 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis following scarlet fever

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration

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?

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature Jan Martin (M. D. or other) M.D.
Address Princeton, Mo. Date signed 3/16/46

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *H. Iron Martin*.....

Licensed Embalmer No. 3760.....

P. O. Address Cameron, 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.