

FILED JUN 18 1947

Registration District No. 356

Primary Registration District No. 6128

Registrar's No.

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

1. PLACE OF DEATH

(a) County SHANNON

(b) City or town EMINENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
years, months or days (Specify whether)

In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County SHANNON

(c) City or town EMINENCE 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 SAM MINER

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4
year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MA

5. Color or race W

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 MAY 31 1883
(Month) (Day) (Year)

Immediate cause of death Fall from moving truck
draining fuel

Due to _____

Due to _____

8. AGE: Years 63 Months 11 Days 4
If less than one day _____ hr. _____ min.

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

Major findings: Of operations 1700-8
28

Of autopsy no

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

10. Usual occupation FARM WORK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant S.

(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 4-1947

17. (a) BURIAL (b) Date thereof 5-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bixby Cemetery

(c) Where did injury occur? on Hwy. near Eminence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway
(Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director John F. Benison

(b) Address Mountain View Mo

19. (a) 5-20-47 (b) Hubel Reese
(Date received local registrar) (Registrar's signature)

23. Signature Frank Hyde (M. D. or other) Coroner

Address Eminence Date signed 5-13-47

RECEIVED

District Health Officer No. 5,

District File Number 647215

Date Filed 6-17-47

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 John J. Duncan

Licensed Embalmer No. 2516

P. O. Address New York 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.