

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6627

Do not use this space.

Registered No. 5

1. PLACE OF DEATH

(a) County Henry 2 Registration District No. 349
(b) Township Calhoun Primary Registration District No. 4207
(c) City Calhoun (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
460 Ada Miller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo.

FATHER 13. NAME John Swindell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Wianer Crews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. John Young, Calhoun, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Olivet DATE Feb 16 1939

19. FUNERAL DIRECTOR (ADDRESS) J. A. Housey, Calhoun, Mo.

20. FILED 2-15 1939 Mo. R. G. Gray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939 to Feb 14 1939

I last saw him alive on Feb 14 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Causes of death of pneumonia

Date of onset

Other contributory causes of importance: 46

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. W. Linnell, M. D.314 (Address) London, Mo.

RECEIVED

District Health Officer No. 71

District File Number 7-39-38

Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I, J. A. Housley, Licensed Embalmer No. 3502
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. A. Housley
Licensed Embalmer No. 3502

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.)