

REC'D MAY 18 1939

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

14729
Do not use this space.

1. PLACE OF DEATH

(a) County Kansas Registration District No. 247
 (b) Township Wilson Primary Registration District No. 0343 Registered No. 7
 (c) City Longland (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

460 Mary Lou Miller
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Kansas Co. Mo.

FATHER 13. NAME Luigi Miller

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

MOTHER 15. MAIDEN NAME Wilma Flanagan

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

17. INFORMANT (ADDRESS) Luigi Miller Longland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem. DATE 4-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. B. Jones Buffalo Mo.

20. FILED 4-6-1939 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1939
 22. I HEREBY CERTIFY, That I attended deceased from 4-5-1939 to _____, 19____
 I last saw her alive on 4-5-1939 Death is said to have occurred on the date stated above, at 2P m.
 The principal cause of death and related causes of importance were as follows:

Asphyxia Neonatorum 4-5-39
1696
 Other contributory causes of importance? Difficult & prolonged delivery 4-5-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) [Signature] M. D.
224 (Address) Buffalo, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD, WITH ONLY THIS IS A PERMANENT RECORD

RECEIVED

District Health

Officer No. 7,

District File Number

7-39-825 -

Date Filed

5-12-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

REC'D MAY 18 1939

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14729

Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 247
 (b) Township Wilson Primary Registration District No. 0343 Registered No. 7
 (c) City Long Lake (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Lou Miller
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-39

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dallas Co. (STATE OR COUNTRY) Mo.

13. NAME Lucretia Miller

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

15. MAIDEN NAME Wilma Flanagan

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____

17. INFORMANT Lucretia Miller (ADDRESS) Long Lake Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Gardens of Memory, Buffalo, Mo. PLACE Mo. DATE 7-6-39

19. FUNERAL DIRECTOR (NAME) R. B. Jones (ADDRESS) Buffalo Mo.

20. FILED 4-6-1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1939 to _____, 19____

I last saw her alive on 4-5-1939 Death is said to have occurred on the date stated above, at 2 P. m.

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

Asphyxia Neonatorum 4-5-39
1606

Other contributory causes of importance

Difficult prolonged delivery 4-5-39

Name of operation None Date of _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) J. H. Jones M. D.
 224 Address Buffalo, Mo.

Item # 18 amended by affidavit of funeral home 11-22-94

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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