

Registration District No. 124

Primary Registration District No. 5183

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Millersville  
(c) Name of hospital or institution: Wentworth Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Marada Elizabeth Miller

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife J. H. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 29 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Geo Edinger

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

14. Maiden name McCarthy

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

16. (a) Informant's own signature J. E. Miller

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Jan 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director make william stath

(b) Address Jackson mo

19. (a) 1-27-40 (b) W. S. S. S. S.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Millersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1940 hour 7:30 minute 10 PM M.

21. I hereby certify that I attended the deceased from Dec 22  
\_\_\_\_\_ 1939, to Jan 23 1940

that I last saw her alive on Jan 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute typhoid Duration 30 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Bronchitis about 16 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy none

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 W. S. S. S. S. (M. D. or other)

Address Jackson mo Date signed 1-24-40

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.

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**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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address JACKSON 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, above space should be left blank.**