FILED APR 18 1940

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-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10803

Registration District No. 253 Primary Registration District No. 5 337 B Registrar's No.

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

1. PLACE OF DEATH:

(a) County Daviess

(b) ~~City or town~~ "Rural" Jackson Township
(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 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Jackson Township
(If outside city or town limits write "RURAL")

(d) Street No. 6 Mi. Southwest Jamesport, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mary Elizabeth Miller

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wirt Davis Miller

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April (Month) 11 (Day) 1865 (Year)

8. AGE: Years 74 Months 10 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Gay
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ann Gillian
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. V. N. Bear
(b) Address Jamesport, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 18 (Day) 40 (Year)
(c) Place: burial or cremation Jamesport, Missouri

18. (a) Signature of funeral director Hope Furn. & Undt. Co.
(b) Address Gallatin, Missouri 230

19. (a) Feb 16 (Date received local registrar) (b) 41 U. G. Missouri (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1940 hour 4 minute 00 P. M.

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

Immediate cause of death Acute Myocarditis

Due to 81

Due to

Other conditions Transverse Myelitis
(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 2

23. Signature F B Bailey (M. D. or other) DO
Address Jamesport Mo Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 440-5549
Date Filed APR 13 1940

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.