

BUREAU OF THE CENSUS
APR 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12638

State File No. _____

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 10

1. PLACE OF DEATH

(a) County Stoddard Pike, Mo.
(b) City or town Brewerswood, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(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

3. (a) PRINT FULL NAME Josephine Ann Miller ⁴⁶⁰

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 William Henry Miller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 19, 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Blairstown, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Billy Thompson

13. Birthplace Nat. Knover 9
(City, town, or county) (State or foreign country)

14. Maiden name Nat. Knover

15. Birthplace Nat. Knover 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Miller

(b) Address Brewerswood, Mo.

17. (a) Burial (b) Date thereof Mar 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Hill Cemetery 758

18. (e) Signature of funeral director Frank W. Morgan

(b) Address Advance, Mo.

19. (c) 4/16/1940 (b) D. S. Mc Gee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Brewerswood Rural
(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 March day 13
year 1940 hour 30 minutes 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1
_____, 1940 to March 12, 1940

that I last saw her alive on March 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Senility

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 D. R. Reynolds (M. D. or other) _____

Address Advance, Mo. Date signed Mar 13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2,

District File Number 440-91

Date Filed 4/8/40

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.