No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14404

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 542

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

1. PLACE OF DEATH:

(a) County Buch anan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether) Life

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 0 1502 Pacific (If rural, give location)

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

3. (a) PRINT FULL NAME Florence L. Miller 460

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

3. (c) Social Security No. 491-09-0834

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased December 11, 1893 (Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Stenographer 1

11. Industry or business Feeney Construction Co

FATHER
12. Name Phillip A. Miller
13. Birthplace Pottsville, Pa 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Naughton
15. Birthplace Bloomington, Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Miller

(b) Address 1502 Pacific

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 5-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th

19. (a) 5/13/40 (Date received local registrar) (b) H J [signature] (Registrar's signature) 2-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10 year ..... hour 5 minute A M.

21. I hereby certify that I attended the deceased from May 4, 1940, to May 10, 1940; that I last saw her alive on May 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Shepter coccic septicemia following Hysterectomy for myoma uteri

Due to .....

Due to .....

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

Major findings: Of operations myoma uteri

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 .....

23. Signature [signature] (M. D. or other) 1

Address 301 N 8 St Joseph Date signed May 11-40

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252, working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, 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.