No. 2
1-10-39
17-39
X2142

FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15173

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1728 S Connor (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 1 year years, months or days) 1 ½

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 1728 S Connor (If rural, give location)

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

3. (a) PRINT FULL NAME DOLLIE MILLER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov (Month) 9 (Day) 1876 (Year)

8. AGE: Years 63 Months 5 Days 19 If less than one day ✓ hr. ✓ min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation house wife

11. Industry or business home

FATHER
12. Name Alexander Miller
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Euphema Bishop
15. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Edwin Miller

(b) Address Joplin Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 (Month) / 29 (Day) / 40 (Year)

(c) Place: burial or cremation Eldorado Ark.

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Mo

19. (a) 4-29-40 (Date received local registrar) (b) Ed D. Jamey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1940 hour 8 minute ✓ M.

21. I hereby certify that I attended the deceased from April 9th, 1940, to April 26, 1940; that I last saw her alive on April 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	6 mo.
Due to Metastis from Breast	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. Poor M.D. (M. D. or other)

Address Joplin Mo. Date signed 4-29-40

(Licensed Embalmer's Statement on Reverse Side) By. R. F. Waterhouse - Sec.

40-5-78

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 E. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.