

N. B.—Every item of information should be carefully processed. 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.

JUN 1940
Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 187

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town 11 11
(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 _____
In this community Cape Girardeau Mo (Specify whether years, months or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1432 Big Bend Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME AMANDA MILLER 460
8. (b) If veteran, name war ✓ 8. (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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov-17-1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30 year 1940 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 29, 1940, to May 30, 1940
that I last saw her alive on May 29, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 13 If less than one day hr. _____ min. _____

Immediate cause of death The myocarditis with rupture of coronary artery
Due to The nephritis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations ✓
Of autopsy _____

9. Birthplace Kiana Ill. (City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business ✓
MOTHER FATHER
12. Name Kiana Feels
13. Birthplace Kiana Ill. (City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know Ill. (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ray Miller
(b) Address 1432 Big Bend Road
17. (a) Burial (b) Date thereof June 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springmont Cent
18. (a) Signature of funeral director A. A. Waman
(b) Address Cape Girardeau Mo
19. (a) J-31-40 (b) J. H. Thompson
(Date received local registrar) (Registrar's signature)

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 K. Washley (M. D. or other)
Address Cape Girardeau Date signed 5/31/40

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.....

H. J. Haman

Licensed Embalmer No. *2863*

P. O. Address. *Cape Girardeau*

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.