No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18567

Registration District No. 878 Primary Registration District No. 8222 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard,
(c) City or town Fayette, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Norma Lee 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 married,
6. (b) Name of husband or wife Francis Miller,
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Sept (Month) 17 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
19	7	7	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Jessie Lusby,
13. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Ada May Fugate,
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Jessie Lusby,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge,
18. (a) Signature of funeral director Guy T. Halley,
(b) Address Fayette, Mo. 339
19. (a) June 5 (Date received local registrar) (b) 40 V. A. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 1 minute 6 P. M.
21. I hereby certify that I attended the deceased from May 1934, 19__, to May 16, 1940; that I last saw her alive on May 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary hemorrhage	12 hrs.
Due to Passive congestion of lungs	10 days
Due to Chronic nephritis with secondary anemia	4 yrs.
Other conditions Otitis media (Include pregnancy within 3 months of death)	

Major findings: Of operations none 131
Of autopsy none

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 Wm J. Shaw (M. D. or other) M.D.
Address Fayette, Mo Date signed 5-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-13-40

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 Guy T. Halsey

Licensed Embalmer No. 2716

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.