

STANDARD CERTIFICATE OF DEATH

State File No. **21335**

Registration District No. **10615**

Primary Registration District No. **4058**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Caldwell  
 (b) City or town Hamilton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 11 Years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
 (c) City or town Hamilton  
 (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.

3. (a) PRINT FULL NAME Fannie Zella 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 Charles W. Miller 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 2 1888  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>9</u>	hr. _____ min.

9. Birthplace Santa Fe, Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Physician A. C.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name C. W. Brower  
 13. Birthplace MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Grace Jones  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Miller

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof June 13, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery, Lagonda, Mo.

18. (a) Signature of funeral director Bram & Sons

(b) Address Hamilton, Mo.

19. (a) June 12 1940 (b) Murd Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
 year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 18, 1940 to June 11, 1940;  
 that I last saw her alive on June 11, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lumbar region of spine and sacrum. **15m0.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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 \_\_\_\_\_

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 3

23. Signature J. G. Roussin (M. D. or other) 3 D.O.

Address Hamilton, Mo. Date signed June 12

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

3  
4  
0

53

RECEIVED  
District Health Officer No. 11,  
District File Number 740-1184  
Date Filed JUL 11 1940

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21335**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **96**

Primary Registration District No. **4058**

Registrar's No. \_\_\_\_\_

*R*

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

**1. PLACE OF DEATH:**  
 (a) County Caldwell  
 (b) City or town Hamilton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (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** Fannie Zella Miller  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** 7 **5. Color or race** W **6. (a) Single, widowed, married, divorced** m  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband, or wife, if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** (Month) (Day) (Year)

**8. AGE:** Years 52 Months 5 Days 9 If less than one day \_\_\_\_\_ min.

**9. Birthplace** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** \_\_\_\_\_

**13. Birthplace** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**14. Maiden name** \_\_\_\_\_

**15. Birthplace** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**16. (a) Informant** \_\_\_\_\_

**(b) Address** \_\_\_\_\_

**17. (a)** \_\_\_\_\_ **(b) Date thereof** (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** \_\_\_\_\_

**19. (a)** \_\_\_\_\_ **(b)** \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (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.

**20. DATE OF DEATH** Month June day 11  
 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of lumbar region of spine and sacrum  
**Due to** Carcinoma of right ilium

**Due to** \_\_\_\_\_  
**Other conditions** 46  
 (Include pregnancy within 3 months of death)

**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?**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** J. G. Boysum (M. D. or other) \_\_\_\_\_

**Address** Hamilton **Date signed** \_\_\_\_\_

SUPPLEMENTAL

