

35005

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1245

Primary Registration District No. 5176

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 3 Months (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Mary E. Miller
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 Carl F. Miller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 18 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name John Nieslein
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Hannah Schade
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. B. Middlebrook
(b) Address Waldheim Mo

17. (a) Burial (b) Date thereof Feb. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 2/27/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1939
1939, to Feb. 26, 1940,
that I last saw her, alive on Jan. 8th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age
Duration _____

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 _____

(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 [Signature] (M. D. or other) _____
Address Perryville, Mo Date signed 2/26/40

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

Rev. 5-17-39
1 X1931

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

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.