. No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35048

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 56

1. PLACE OF DEATH:
(a) County: CEDAR
(b) City or town: ELDORADO SPRINGS
(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: 2 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: Eldorado Springs Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 114 W Pine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: MARY L MILLER
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: G. N. Miller
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: June 30 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	29	hr. min.

9. Birthplace (City, town, or county): Neb (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Ruben Lefler
13. Birthplace (City, town, or county): Ind (State or foreign country)
MOTHER 14. Maiden name: Nancy J John
15. Birthplace (City, town, or county): Iowa (State or foreign country)
16. (a) Informant: G. N. Miller
(b) Address: Eldorado Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Clintonville
18. (a) Signature of funeral director: Gunn-Sides
(b) Address: Eldorado Springs Mo
19. (a) 10 30 40 (Date received local registrar) (b) J. W. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 9 minute 7 A. M.
21. I hereby certify that I attended the deceased from September 14, 1940, to October 25, 1940, that I last saw her alive on October 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: arterio-sclerosis	Duration
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: None
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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: L. R. Williams (M. D.)
Address: Eldorado Springs Mo. Date signed: 10-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1573
Date Filed 11-7-40

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 [signature]

Licensed Embalmer No. 2034

P. O. Address [illegible]

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, fact should be so stated above.