

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43670

State File No. 14

JAN 25 1941

Registration District No. 749

Primary Registration District No. 5984

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County REYNOLDS
(b) City or town LESTERVILLE Mo.
(c) Name of hospital or institution: 11

(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

3. (a) PRINT FULL NAME PANELA MILLER

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 Widowed

6. (b) Name of husband or wife John L. MILLER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 9 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace LESTERVILLE, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name Andy Coil 7

13. Birthplace UNKNOWN 7
(City, town, or county) (State or foreign country)

14. Maiden name RACHEL COIL

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant INA BESS

(b) Address GLOVER, MO.

17. (a) BURIAL (b) Date thereof 11-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC CEMETERY

18. (a) Signature of funeral director Geo. J. Luchel

(b) Address Sumner Mo.

19. (a) Dec 11 1940 (b) E. M. Fitzpatrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS

(c) City or town LESTERVILLE
(If outside city or town limit, 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 Nov. 15 day _____
year 1940 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct. 1
_____ 1940, to Nov. 15 1940

that I last saw her alive on Nov. 15 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis (Acute)

Due to improper food.

Due to _____

Other conditions mitral insufficiency
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____
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? _____

672 (Specify type of place) While at work? (e) Means of injury _____

23. Signature E. M. Fitzpatrick M. D. or other M.D.

Address Lester, Mo. Date signed 12/11/40

RECEIVED
District Health Officer No. 5,
District File Number 14198
Date Filed _____

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.....

..... 11/15/40, Registered Apprentice No.....
working under my personal supervision.

Signed Geo. P. Leubel

Licensed Embalmer No. 3475

P. O. Address Doctor Mo

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.