

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1553

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 47

1. PLACE OF DEATH:

- (a) County Adair
- (b) City or town Brushy Branch
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution
1
(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 IDA MILLER3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F5. Color or
race W.6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Ed. A. Miller6. (c) Age of husband or wife if
alive 73 years7. Birth date of deceased Aug. 70
(Month) (Day) (Year)1874
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

6859

hr. _____ min.

9. Birthplace Brushy
(City, town, or county)Ohio
(State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Gas. W. Keller13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Laura M. Small
(City, town, or county) (State or foreign country)15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ida Miller(b) Address Kimberly, Mo.17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb 1 41
(Month) (Day) (Year)(c) Place: burial or cremation Sabbath House18. (a) Signature of funeral director Foster P. Easley(b) Address Brushy, Mo.19. (a) Feb. 11/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Adair
- (c) City or town Brushy (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 Jan. day 29
year 1941 hour 3 minute 30 p. M.21. I hereby certify that I attended the deceased from 1-1-40
to 1-28-41, 1941
that I last saw her alive on 1-28-41, 1941
and that death occurred on the date and hour stated above.Immediate cause of death cerebral
hemorrhage

Duration

Due to cardiac hypertension

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 sta-
tistically

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

23. Signature R. R. Easley (M. D. or other) D
Address Kimberly, Mo. Date signed 1/31-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-375

Date Filed FEB 19 1941

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 Foster P. Emley

Licensed Embalmer No. 1146

P. O. Address Brookline 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.