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X2315

APR 10 1941

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 Years / \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth 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 Joseph W. Miller

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May 30, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

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

12. Name William Kline

13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Ursula Kochner

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Mary Miller

(b) Address 815 6th. Street Boonville

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

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) 3-11-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville, 1  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 815 South 6th. Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.  
year 1941 hour 9.30 minute P. M.

21. I hereby certify that I attended the deceased from August 1<sup>st</sup>  
1940, to March 8<sup>th</sup>, 1941;

that I last saw her alive on March 8, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Courmary obstruction 10 minutes  
accompanied and preceded  
by heart block 3 months

Due to Arteriosclerosis and rheumatic  
heart for past 60 years, along with

Due to renal and gradual progression  
myocardial decompensation

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none 9:30

Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Dr. R. E. White (M. D. or other) D.O.

Address 312 1/2 Main St. Boonville, Mo Date signed 3/10/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
to Filed 8-41

**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

working under my personal supervision.

Registered Apprentice No.

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, fact should be so stated above.