No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11071

FILED APR 1 0 1941

Registration District No. 720

Primary Registration District No. 3022

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 616 Boyd St. Name
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 47 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 2 2

(c) City or town DeSoto
(If outside city or town limits write "RURAL")

(d) Street No. 616 Boyd
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Alice Miller

3. (b) If veteran, name war No

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 George Miller

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

7. Birth date of deceased May 29, 1860 (Month) (Day) (Year)

8. AGE: Years 80 80 | Months 10 10 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace St. Francis Col (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nicholos Flemming
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliz abeth Adadms
15. Birthplace N.C. 1 (City, town, or county) (State or foreign country)

16. (a) Informant P. G. Miller
(b) Address 284 Nushoba Ave Columbus Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto

19. (a) 4-10-41 (Date received local registrar) (b) Mattie Woods (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1, 1938, to March 30, 1941;
that I last saw her alive on March 30, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arterio-sclerotic heart disease	unknown
nephro-sclerosis	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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) no
(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? 383 (Specify type of place)
While at work? no (e) Means of injury no

23. Signature Noel V. McKinstry (M. D. ~~or other~~) M.D. 11
Address Edgar Bldg. DeSoto, Mo. Date signed 4/12/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....1, Registered Apprentice No.....

working under my personal supervision.

Signed J. E. E. Moldenhead

Licensed Embalmer No. 3531

P. O. Address Dexter 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.