

FILED JUL 17 1941
Hon District No. **312**

Primary Registration District No. **4188**

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

1. PLACE OF DEATH:

(a) County Centre

(b) City or town King City, Mo
(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 _____ (Specify whether)

In this community 65 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 38

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME GERTRUDE E MILLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1941 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to June 24 1941
that I last saw her alive on June 23 1941
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George L. Miller 6. (c) Age of husband or wife if 69 years

7. Birth date of deceased Feb 12, 1876
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 7 yrs

8. AGE: Years 65 Months 4 Days 12 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/10

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph M. Taylor

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

14. Maiden name Eleanor Sullens

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant G. L. Meyer (b) Address King City, Mo

17. (a) _____ (b) Date thereof June 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo

18. (a) Signature of funeral director L. W. Wilson

(b) Address King City, Mo

19. (a) 6-25-41 (b) Donald D. Panty
(Date received local registrar) (Registrar's signature)

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? 2nd

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

23. Signature E. Black Rock (M. D. or other) M.D.
Address King City, Mo. Date signed 6/24/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Lucile M. Wilson*

Licensed Embalmer No..... *2830*

P. O. Address..... *King City, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21658

Registration District No. 312

Primary Registration District No. 4188

Registrar's No. _____

1. PLACE OF DEATH

(a) County Gentry

(b) City or town King City
(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 _____
(Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country No - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude E. Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced SM

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 10-41 (b) Donald A. Smith
(Date received local registrar) (Registrar's signature)

Due to _____

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 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) (c) Means of injury

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

