

23159

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town 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.

3. (a) PRINT FULL NAME Amelia C 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 Married

6. (b) Name of husband or wife George Miller

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 13 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>10</u>	<u>10</u> hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name August Meiny

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

14. Maiden name Metzger
(City, town, or county) (State or foreign country)

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

16. (a) Informant Juan Simpson

(b) Address Puxico Mo

17. (a) (b) Date thereof 6-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo

18. (a) Signature of funeral director W. R. ...

(b) Address Puxico Mo

19. (a) 6-27-41 (b) Bernard Bryant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 12 minute 40 P M.

21. I hereby certify that I attended the deceased from June 26
1941 to June 27 1941;
that I last saw her alive on June 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of glands of neck

Due to metastases removing Carcinoma from left breast about 2 yrs ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: 50

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?

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

23. Signature E. A. ... (M. D. or other) 0

Address Puxico Mo Date signed 6-27-41

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

RECEIVED

District Health Office

District File Number 741

Date Filed 7-17-41

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

Torgil H. Kelch

Licensed Embalmer No.

4102

P. O. Address

Dexter - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.