

FILED AUG 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25687

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 557
 (b) Township Holeon, Mo Primary Registration District No. 4022 Registered No. 83-3
 (c) City Holeon, Mo (d) Street No. D. Hopkins Clinic St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Melbogene Miller
 (a) Residence, No. Holcomb, Mo, Rt #1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Newborn C
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1941
 7. AGE YEARS MONTHS Days 0 of LESS than 1 day, 0 hrs. or 15 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Newborn
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holcomb, Mo
Rt #1 C

FATHER
 13. NAME Elva Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott
Arkansas

MOTHER
 15. MAIDEN NAME Verna Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott
Arkansas

17. INFORMANT (ADDRESS) Dr. S. M. Bailey
Holeon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Holcomb Cem DATE Aug 8, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Elva Miller
Immediate Family

20. FILED Aug 7 1941 Spuda M. Mason Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1941
 22. I HEREBY CERTIFY, That I attended deceased from August 7 1941, to August 7 1941
 I last saw her alive on August 7 1941. Death is said to have occurred on the date stated above, at 5:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Premature new born
Weight 2 1/2 lbs

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) S. M. Bailey M. D.(Address) Holeon, Mo

(Licensed Embalmer's Statement on Reverse Side)

K. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2

District File Number 841-1090

Date Filed 8-14-41

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.....

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, above space should be left blank.