

*Laughlin Hospital
Unit to Reg. 253*
State File No. 253

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Winkleville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Luella J. Miller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Miller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7, 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Coy

18. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign county)

14. Maiden name Margaret Howard

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

16. (a) Informant Ed Coy

(b) Address 27 Greenburg M

17. (a) Burial (b) Date thereof Aug 31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenburg Cemetery

18. (a) Signature of funeral director W. B. Beckwith

(b) Address Memphis Mo

19. (a) Sept 5/41 (b) Spencer L. Meenan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Moxo
(c) City or town Baring
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1941 hour 14 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 24, 1941, to Aug 29, 1941; that I last saw him _____ alive on Aug 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Small infarct
old age

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature Geo W. Laughlin (M. D. or other) MD
Address Winkleville Mo Date signed Sept 3

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

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1666

Date Filed SEP 16 1941

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.