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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28186

FILED SEP 19 1941

State File No. _____

Registration District No. 258

Primary Registration District No. 5361

Registrar's No. 9

1. PLACE OF DEATH: Dekalb
 (a) County rural
 (b) City or town Sturman Mo. Mo.
 (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 _____
 In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dekalb
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Five mi North of Clarksdale
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucy Miller

MEDICAL CERTIFICATION

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

20. DATE OF DEATH: Month July day 22 year 1941 hour 9 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from July 22, 1941 to July 27, 1941 that I last saw her alive on Aug 7 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Henry Miller 6. (c) Age of husband or wife if alive 0 years
 7. Birth date of deceased: May 31 1869
 (Month) (Day) (Year)

Immediate cause of death: Cerebra Pectoris

8. AGE: Years 72 Months 2 Days 12 If less than one day hr. _____ min. _____

Due to Arterio Sclerosis

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

Due to _____

10. Usual occupation House wife

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

11. Industry or business _____
 12. Name Henry Schnitker
 13. Birthplace Germany Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Doris Strausman
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings: Of operations no
 Of autopsy no

16. (a) Informant Minnie Carol
 (b) Address Clarkdale, Missouri
 17. (a) Burial (b) Date thereof Aug 14, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Chapel Near Helena

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? _____

18. (a) Signature of funeral director Lucile M. Wilson
 (b) Address King City Mo.
 19. (a) Aug 13 1941 (b) Mrs. C. M. Davis
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature E. M. Reynolds (M. D. or other) _____
 Address Union Mo Date signed 8-13-41

233 (Licensed Embalmer's Statement on Reverse Side)

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

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

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 the above constitutes grounds for revocation of license.)

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