No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28469

Registration District No. 384 | Primary Registration District No. 4227 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County: HOWELL
(b) City or town: WEST PLAINS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WEST PLAINS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 DAY (Specify whether years, months or days) 0
In this community: 2 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL 046
(c) City or town: WEST PLAINS (If outside city or town limits, write "RURAL") 1 1
(d) Street No.: CASS AVENUE (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JACQULYN ANN MILLER
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: —
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 16 (Day), 1941 (Year)

8. AGE: Years 0 | Months 0 | Days 2 | If less than one day: hr. min.

9. Birthplace: WEST PLAINS, (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation: No
11. Industry or business:
FATHER 12. Name: JACK L. MILLER
FATHER 13. Birthplace: OZARK COUNTY, (City, town, or county) MO. (State or foreign country) 0
MOTHER 14. Maiden name: LOWENA, STARKEY
MOTHER 15. Birthplace: HOWELL COUNTY, (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant: Jackie L. Miller
(b) Address: WEST PLAINS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: WEST PLAINS, MO.
18. (a) Signature of funeral director: Hal Thoroughgood
(b) Address: WEST PLAINS, MO.
19. (a) 8-26-41 (Date received local registrar) (b) Vida W. Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1941 hour 6: minute 30 A.M.
21. I hereby certify that I attended the deceased from 7/16, 1941, to 7/18, 1941; that I last saw h. alive on 7/18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis	
Due to	
Due to 416	
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? (Specify type of place) K
While at work? (e) Means of injury:
23. Signature: Maurice Thompson (M. D. or other) MD
Address: West Plains Mo. Date signed 7/25/41

344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 8711896
Date Filed .....

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.

No.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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