

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

N. B.—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.

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28666

Registration District No. 444

Primary Registration District No. 4262

Registrar's No. 43

1. PLACE OF DEATH:

(a) County. Knox

(b) City or town. Knox City

(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 1 (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Knox City

(d) Street No. \_\_\_\_\_

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosa Lee McMiller

3. (c) Social Security name war. \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife husband Benjamin Franklin McMiller 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased April 16 1863

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 4 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 20, 1940 to June 13, 1941, 1941, to June 13, 1941, 1941; that I last saw him or her alive on June 13, 1941, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of the right side

Duration \_\_\_\_\_

8. AGE: Years 78 Months 1 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Knox City Mo.

10. Usual occupation Homekeeper

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph Benner

13. Birthplace Maryland

14. Maiden name Joseph Sullivan

15. Birthplace Maryland

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature R. L. E. D. Kelly

(b) Address Knox City Mo.

17. (a) Burial (b) Date thereof June 16 1941

(c) Place: burial or cremation Knox City Cemetery

18. (a) Signature of funeral director Edward W. Walter

(b) Address Knox City Mo.

19. (c) Aug 21 1941 (b) Mrs. C. M. Smith

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? \_\_\_\_\_

(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 J. R. Northcutt (M. D. or other) \_\_\_\_\_

Address Knox City Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-41-1731

Date Filed SEP 18 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. ~~to 84~~  
working under my personal supervision.

Signed Fred W. Solter

Licensed Embalmer No. 684

P. O. Address Knop City Mo.

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.