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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28918

Registration District No. 274

Primary Registration District No. 6261 4063

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)

(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.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME MARY M. MILLER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race wh

6. (a) Name of husband or wife Aaron Miller 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased October 8, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Blytheville, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name J. P. Smiley

13. Birthplace Forrest City, Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hedbetter

15. Birthplace Blytheville, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Aaron Miller

(b) Address Lilbourn, Mo.

17. (a) burial (b) Date thereof 8-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden, Mo.

19. (a) Aug 21/41 (b) E. E. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lilbourn
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1941 hour six minute 30 M.

21. I hereby certify that I attended the deceased from June 15 1941
to Aug 21 1941
that I last saw him alive on Aug 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder

Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature E E Jones (M. D. or other) 0
Address Lilbourn Mo Date signed Aug 21/41

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

SEP 9 1949

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Piggott Ark

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.