

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32205

State File No. _____

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community about 25 years

3. (a) PRINT FULL NAME Bennie Miller

3. (b) If veteran, name war X None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife America Miller

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 70 Months - Days - If less than one day hr. - min. -

9. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Laborer

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant America Miller

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 9/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Missouri

19. (a) Oct 3, 1941 (b) Ceda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 1104 Franklin, Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th,
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-16, 1941, to 8-16-1941;
that I last saw him alive on 8-16-1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Recompensation?

Due to _____

Due to _____

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

Major findings: _____
Of operations 932

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. J. Aguirre (M. D. or other) _____

Address Caruthersville, Mo. Date signed 10-2-41

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

10-41-21

OCT 17 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..... Not/

..... Body was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed James A. Osburn
Licensed Embalmer No. 4185
P. O. Address Caruthersville,

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, fact should be so stated above.