DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35522

Registration District No. 556 — Primary Registration District No. 4328 — Registrar's No. 39

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: 1 (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 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

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

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

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

3. (a) PRINT FULL NAME Tillie Miller

3. (b) If veteran, name war —

3. (c) Social Security No. NO

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 4 (Day) 1867 (Year)

8. AGE: Years 74 Months 6 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Means

(b) Address Pierce City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ave

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton MO

19. (a) 10/10-41 (Date received local registrar) (b) J M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 9 day 9 year 1941 hour 6 minute 8 P.M.

21. I hereby certify that I attended the deceased from Oct 6 1941, 19.., to Last time, 1941; that I last saw her alive on Oct 6, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Mitral Insufficiency	24 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92b	
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)

While at work? (e) Means of injury

23. Signature E. A. Stacy MO (~~M.D. or other~~)

Address Princeton MO Date signed 10/10-41

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.