No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36694

Registration District No. 791 | Primary Registration District No. 1002 | Registrar's No. 8924

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Frisco
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY MILLER

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George

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

7. Birth date of deceased Jan. (Month) 9 (Day) 1864 (Year)

8. AGE: Years 77 | Months 9 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant George Miller
(b) Address 28 Olive Dr. Webster Gr., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Monett, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) NOV 10 1941 (Date received by local registrar) (b) J. F. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1941 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 15, 1941, to Nov. 8, 1941; that I last saw her alive on Nov. 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Age & Arteriosclerotic Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death) Fractured hip due to fall on Oct. 12th at home

Major findings: Of operation None

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) Accident
(b) Date of occurrence 10-12-41
(c) Where did injury occur? Monett (City or town) (County) 5 Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature F. R. Bailey (M.D. or other)
Address BARNES HOSPITAL Date signed 11-9-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1934

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. Wilford H. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.