

FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41570

State File No. \_\_\_\_\_

Registration District No. 169

Primary Registration District No. 5236

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rural (Bureau art 1)  
(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 all her life  
years, months or days

8. (a) PRINT FULL NAME BIRDIE F. MILLER

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 28 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace: Dalton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business Friedrich Kruff

12. Name Friedrich Kruff

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

14. Maiden name Luigia Bekkenburg

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

16. (a) Informant Louis Miller

(b) Address Haystack 270

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

(c) Place: burial or cremation Dalton Mo.

18. (a) Signature of funeral director Hugh & Barnett

(b) Address 714 W. Main St. Mo.

19. (a) 1-3-1941 (Date received local registrar) (b) Harry E. Tate (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Rural Bowling Green Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles N. of Dalton. D  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1941 hour 2 minute 7 A. M.

21. I hereby certify that I attended the deceased from April 15 1941 to Nov 27 1941; that I last saw her alive on Nov 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the sigmoid colon

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

Due to H62

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of sigmoid with metastases  
Of autopsy \_\_\_\_\_

Durallon  
Approx 1929

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 J. L. Harms (M. D. or other) MD

Address Baldwin Mo Date signed 12-1-41

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-15-42.....

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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 H. D. Bennett.....

Licensed Embalmer No. 3046.....

P. O. Address Keytesville 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.