

No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43104^{11 am}

State File No. _____
Registrar's No. 178

Registration District No. 796 Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline

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

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

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

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME JANIE LAURA MILLER

8. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

6. Color or race white

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

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

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

7. Birth date of deceased: October 8 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation: House wife Retired

11. Industry or business _____

MOTHER { 12. Name Wm. Stoneham

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

14. Maiden name Mary Miller

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

16. (a) Informant W. G. Althorn

(b) Address 110 S. Pitt. St. Marshall Mo.

17. (a) Burial (b) Date thereof 12-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Waverly Missouri

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Missouri

19. (a) 12-11-41 (b) W. G. Althorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
- year 1941 hour 1:00 minute 17 AM

21. I hereby certify that I attended the deceased from Oct. 10 1941, to Dec 11 1941; that I last saw her alive on Dec 10 P.M. 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pneumonia Duration 12 hrs

Due to _____

Due to _____

Other conditions: ac nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 104

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) no

(b) Date of occurrence no

(c) Where did injury occur? none
(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 no

23. Signature Robert Beaudry (M. D. or other) _____
Address Marshall Mo. Date signed 12-11-41

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-19-42

JUN 12 1942

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 one

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jesse Tarvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.