V. S. No. 2
OM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1

State File No. 1540

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution hospital (Specify whether
In this community 2 weeks, 6days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Rural 4
(If outside city or town limits, write "RURAL")

(d) Street No. Stahl route
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dorsey P. Miller

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hugh Jessie Miller

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. (Month) 15 (Day) 1902 (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	1	21	hr. min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Joe. Johnson
13. Birthplace Schuyler Co. (City, town, or county) Missouri (State or foreign country) 1

MOTHER
14. Maiden name Susan Jane Smity
15. Birthplace Knox County (City, town, or county) Missouri (State or foreign country) 1

16. (a) Informant Elsie Darser
(b) Address Green Castle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Union Temple Cem.

18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Missouri

19. (a) Feb. 10, 1942 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 23, 1942, to February 5, 1942, that I last saw her alive on February 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Urinary Bladder with hemorrhage	?
Due to	
Due to	
Other conditions Metastasis to Brain Stem (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

52 P

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 [signature] 2 (M. D. or other) D.O.
Address Kirksville Mo Date signed 2/5/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1942

RECEIVED
District Health Officer No. 10
District File Number 2-42-363
Date Filed FEB 20 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Grand City, 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, fact should be so stated above.