

Registration District No. **806**

Primary Registration District No. **4485**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Near Queency Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Queency Mo.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mildred Eleanor Miller

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 4 minute 45 A.M.

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 Feb, 13 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 27, 1942 to Jan 30, 1942
that I last saw her alive on Jan 30, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

25 II 16 _____ hr. _____ min.

Immediate cause of death mitral leak
Cardiac asthma

Due to mitral leak 10 years

Due to _____

9. Birthplace Near Queency Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Girl at Home

11. Industry or business None

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name Andrew H. Miller

13. Birthplace Near Queency Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ottie Campbell

15. Birthplace Near Queency Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew H. Miller

(b) Address Queen City Mo.

17. (a) Burial (b) Date thereof Feb, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queency Cemetery

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? _____

18. (a) Signature of funeral director Wm C West

(b) Address Queency Mo.

19. (a) 130-42 (b) Olive B Jones
(Date of local registrar) (City) (Registrar's signature)

While at work? _____
(Specify type of place)

(e) Means of injury 2

23. Signature O.P. Snow _____
(M.D. or other)

Address _____ Date signed Jan 30 1942

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

98
00

98

0

0

30

45

10 years

10 years

92b

718

RECEIVED

District Health Officer No. 10

District File Number 10-42-277

Date Filed MAR 9 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 Myself

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

working under my personal supervision.

Signed Wm. A. West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.