S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14499

Registration District No. [redacted] 21 1942 [redacted]

Primary Registration District No. ~~4229~~ 5545

Registrar's No. 4

1. PLACE OF DEATH:

(a) County IRON

(b) City or town Union Twp
(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 74 yrs 10 mo 22 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 17

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

(d) Street No. 4 mi EAST of Des Arc
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA EVALINE MILLER

3. (b) If veteran, name war — 3. (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 JAY L. MILLER 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased MAY (Month) 14 (Day) 1867 (Year)

8. AGE: Years 74 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace IRON Co (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name SAMWAL KING
13. Birthplace IRON Co (City, town, or county) 0 MISSOURI (State or foreign country)

MOTHER
14. Maiden name HESTOR CRAVENS
15. Birthplace IRON Co (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant MAUDE HICKMAN
(b) Address Rural (Union)

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation 4 mi East of Des Arc

18. (a) Signature of funeral director Norman W. Fish
(b) Address Fredmont Mo

19. (a) 4-22-42 (Date received local registrar) (b) Virginia P. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6th year 1942 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from March 1 1942 to April 6 1942 that I last saw her alive on April 6 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inguinal abscess	
Due to	
Due to	
Other conditions arthritis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 C. S. Jones (M. D. or other)
Address Fredmont Mo, Date signed 4-10-42

1285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4

District Health Officer No. .....

District File Number 542-670

Date Filed 5-14-42

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 me

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

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Goodmon Me

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.