

FILED MAY 29 1942

Registration District No. 5806-607

Primary Registration District No. 4361-5806

Registrar's No. 9

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: Postage Township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... no (Specify whether years, months or days)

In this community... Fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. Postage Township (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ethel H Miller

3. (b) If veteran, name war... -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1942 hour 1 minute 34 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas J Miller

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 25 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1942 to May 7 1942
that I last saw her alive on May 1 1942
and that death occurred on the date and hour stated above.

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

40 9 12 - hr. - min.

Immediate cause of death Pulmonary tuberculosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1381

9. Birthplace Mt Vernon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business.....

12. Name Alexander Reed

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

14. Maiden name Mary Alice Hill

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Thomas J Miller

(b) Address Tallapoosie Mo

17. (a) Burial (b) Date thereof May-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parma 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 Thomas C Knight

(b) Address Parma Missouri

19. (a) May 9-42 (b) Eddie Bargent
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (b) Means of injury 12

23. Signature Geo. W. Fustler (M. D. or other)

Address Parma Date signed 5/7/42

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

72
6
0

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 542-584

Date Filed 5-13-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas C. Knight

Licensed Embalmer No. 2109

P. O. Address Parmia 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.