DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21481

State File No.

Primary Registration District No. 3020

Registrar's No. 130

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Lamar 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Travelers Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: OPAL MILLER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Ray Miller

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: December (Month) 20 (Day) 1899 (Year)

8. AGE: Years 42 ~~42~~ | Months 6 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: Pilot Grove, (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation: Photographer's Assistant

11. Industry or business:

FATHER
12. Name: David Brownfield
13. Birthplace: Cooper County, (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Schuppe
15. Birthplace: Cooper County, (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant: Ray Miller
(b) Address: Lamar, Missouri

17. (a) Burial: Pilot Grove, Mo. (Burial, cremation, or removal) (b) Date thereof: June 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Pilot Grove, Missouri

18. (a) Signature of funeral director: KONANTZ FUNERAL HOME
(b) Address: Lamar, Missouri

19. (a) June 22, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 21, 1942 that I last saw h. alive on June 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Surgical Shock

Duration: 2 Weeks

Due to: Salpingitis

Due to: infection

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

Major findings:
Of operations: Salpingitis bilateral
Of autopsy: No

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

23. Signature: Gilbert B. Wheeler M.D. (M. D. or other)
Address: Carthage Mo Date signed June 22 1942

120.3 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 15 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 Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address Lamar, Missouri

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.

No. 2B
—8-21-41
I X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 21481

Registration District No. 408 Primary Registration District No. 3020 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Opal Miller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 20 1899 (Month) (Day) (Year)
8. AGE: Years 42 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19, 19; that I last saw him alive on 19, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Salpingitis	
Due to G.C. at age of 14 yrs.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY