

FILED AUG 14 1942

Registration District No. 469470 Primary Registration District No. 5233

Registrar's No. 8730

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

1. PLACE OF DEATH:

(a) County Laurence
(b) City or town Mt Vernon
(c) Name of hospital or institution: Catherine Miller Missouri State Sanatorium
(d) Length of stay: In hospital or institution 295 days
In this community 395 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(d) Street No. 11227 - Chicago
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME Catherine Miller

3. (b) If veteran, name war no 3. (c) Social Security No. 487-01-4246

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Miller 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased July 9th 1918

8. AGE: Years 24 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Sugar Creek Mo

10. Usual occupation Bookbinding, Typing

11. Industry or business John Deal

12. Name John Deal

13. Birthplace Unknown Austria

14. Maiden name Mary Mikulaj

15. Birthplace Unknown Austria

16. (a) Informant Mr. Michael Reed Clerk
(b) Address Mt State San, Mt Vernon

17. (a) Removal (b) Date thereof July 22-42
(c) Place: burial or cremation Independence

18. (a) Signature of funeral director H. D. Fosett
(b) Address Mt Vernon Mo

19. (a) 7/22/42 (b) Andy Armstrong
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 11:03 minute am M.

21. I hereby certify that I attended the deceased from June 23 1940 to July 22 1942
that I last saw her alive on July 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis

Due to Pulmonary Tuberculosis

Due to 1361

Other conditions (Include pregnancy within 3 months of death) 1361

Major findings: Of operations 1361
Of autopsy 1361

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 1361
(b) Date of occurrence 1361
(c) Where did injury occur? (City or town) (County) (State) 1361
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1361

While at work? (Specify type of place) 1361
(e) Means of injury 1361

23. Signature Esther E. Coffman (M. D. or nurse)
Address Mt State Sanatorium Date signed 7-22-42

Duration

6 wks

abt 2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 842-1245

Date Filed AUG 13 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.....

Miss H. D. Fossett

Licensed Embalmer No.....2720

P. O. Address.....Mt. Vernon

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.