DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 11 1942

STANDARD CERTIFICATE OF DEATH

27010

State File No.

Registration District No. 233 84 Primary Registration District No. 5318 Registrar's No. 356

1. PLACE OF DEATH:

28 (a) County Crawford

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

0 (c) Name of hospital or institution: 1
(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 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 28

(a) State Missouri. (b) County Crawford 0

(c) City or town Leasburg, Rural 0
(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.? 0 years.

3. (a) PRINT FULL NAME MARTHA JANE MILLER

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William j. Miller

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

7. Birth date of deceased August 14, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Frederick Craddy
13. Birthplace Leasburg, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Luther Miller
(b) Address Leasburg, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 42
(Month) (Day) (Year)
(c) Place: burial or cremation Leck Creek.

18. (a) Signature of funeral director Lenchomberg Funeral Home
(b) Address Bourbon, Missouri.

19. (a) Jan 20, 1942 (Date received local registrar) (b) W. J. Irwin MD, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1942 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 15, 1941 ~~Jan 19~~, 1942 to Jan 19, 1942
that I last saw her alive on ~~Sept 15~~ Jan 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar Pneumonia

Due to Influenza

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. L. Hume (M. D. ~~or other~~)
Address Bourbon, Mo. Date signed 2-4-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 5,
District File Number 942709
Date Filed 9-10-42

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.....

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

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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, above space should be left blank.