

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27852

Registration District No. 202

Primary Registration District No. 5896

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Wasola Noble Burg  
(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  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Wasola Missouri  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Ada Miller

3. (b) If veteran, name war. 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 Alex Miller 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan. 9 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Ozark County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name C. C. Shelton  
13. Birthplace North Carolina (City, town, or county) (State or foreign country)  
14. Maiden name Hensley  
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Alex Miller (b) Address Wasola Missouri  
17. (a) Burial (b) Date thereof 9-8-42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shelton

18. (a) Signature of funeral director Clinkingbeard Funeral Home (b) Address Ava, Missouri  
19. (a) 9-9-42 (b) Shelton-Hatters (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1942 hour 11 minute P. M.  
21. I hereby certify that I attended the deceased from July 10 42 to Sept 5 42 that I last saw him alive on Aug 20 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 46 lb  
Of operations  
Of autopsy

Duration Death (hours)

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?  
23. Signature R M Norman (M. Doctor) Address Ava, Mo Date Sept 9/42

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

77  
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581

**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.....

*W B Hutchison*

Licensed Embalmer No.....

*3431*

P. O. Address.....

*W B Hutchison*

**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.**