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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1942

Registration District No. 269

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30843

Primary Registration District No. 3043

Registrar's No. 195

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hosp.
(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 Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 260 N. Locust
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME Frances Joseph Miller
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 30 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	—	1 hr. 45 min.

9. Birthplace Hannibal. (City, town, or county) Mo (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name William Miller
13. Birthplace Hannibal (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Laverne Wiese
15. Birthplace Hannibal (City, town, or county) Mo (State or foreign country)
16. (a) Informant William Miller
(b) Address 260 N. Locust Hannibal Mo
17. (a) St Marys Cem (Burial, cremation, or removal) (b) Date thereof July 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 8-20-42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour ..... minute 2:40 a.m.
21. I hereby certify that I attended the deceased from July 30 1942 to July 30 1942 that I last saw him alive on July 30 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular	Duration
Due to	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature M. Franklin (M.D. or other)
Address Hann - Mo Date signed .....

114 (Licensed Embalmer's Statement on Reverse Side)

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.