S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 322

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3071

State File No. 38217

Registrar's No.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Slater
(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 0

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3. (a) PRINT FULL NAME Verna Marie 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 0 baby

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 15 (Day) 1942 (Year)

8. AGE: Years 0 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Marshall, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation baby

11. Industry or business

FATHER
12. Name Vernon Miller
13. Birthplace Slater (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Frances Marie Green
15. Birthplace Marshall, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Vernon Miller
(b) Address Slater, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-1-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.

19. (a) 12-4-1942 (Date received local registrar) (b) Mrs. John Geyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1942 hour 2 minute p M.

21. I hereby certify that I attended the deceased from Nov. 27, 1942 to Nov. 30, 1942 that I last saw her alive on Nov. 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchitis - acute	3 days
Due to Rhinitis - acute	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

10 6a

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 O. A. McDurney (M. D. or other)
Address Slater, Mo. Date signed 12-1-42

12/8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-7-42

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~~ not embalmed, Registered Apprentice No. , working under my personal supervision.

Signed R. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater 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.