

No. 2
5-42
5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2363

State File No.

FILED JAN 21 1943

Registration District No. 138

Primary Registration District No. 5-2-22

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Hickory

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

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory ⁴³

(c) City or town Cross Timbers Rural ⁰
(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 _____

3. (a) PRINT FULL NAME Henry M. Miller

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour _____ minute 00 M.

21. I hereby certify that I attended the deceased from July 20 - 42 1942 to Dec 26 - 42 1942; that I last saw him alive on Dec 25 1942; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Madha 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1852
(Month) (Day) (Year)

Immediate cause of death apoplexy ^{3 days}

Due to no history

8. AGE: Years Months Days If less than one day

90 9 20 hr. _____ min.

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 830

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) MO

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name David Miller

13. Birthplace _____ (City, town, or county) _____ (State or foreign country) Unknown

14. Maiden name Beatty Bushars

15. Birthplace _____ (City, town, or county) _____ (State or foreign country) MO

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 J. M. Edwards (M. D. or other) _____

Address Cross Timbers Date signed 1/3/27/42

16. (a) Informant J. Miller

(b) Address Cross Timbers, Mo

17. (a) burial (b) Date thereof 1/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation every cemetery

18. (a) Signature of funeral director J. R. Purkey

(b) Address Wheatland, Mo.

19. (a) Dec. 31-42 (b) Mary A. Cavatone
(Date received local registrar) (Registrar's signature)

1094

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1396

Date Filed 1-12-43

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

J. R. Luckey

Licensed Embalmer No. 9982

P. O. Address

Wheatland 1110

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.