

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days Specify whether

In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 818 North Fuller
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME BABY- 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 Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Jan 1 - 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Child

11. Industry or business

12. Name Louis W. Miller

13. Birthplace Decatur, Arkansas
(City, town or county) (State or foreign country)

14. Maiden name Mary B. Lewis

15. Birthplace Maheshville, Arkansas
(City, town or county) (State or foreign country)

16. (a) Informant Louis W. Miller

(b) Address 818 North Fuller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon Jan. 5 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director George C. Parsons

(b) Address Independence, Mo.

19. Jan. 5 - 1943 (Date received local registrar) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1943 hour 5 minute 50 S. A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Jan 3, 1943, 19... that I last saw her alive on Jan 3, 1943, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Breast delivery

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 160 C

Major findings: Of operations None

Of autopsy None

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 James W. Ross M.D. (M. D. or other) MD
Address Independence, Mo Date signed Jan 1, 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
4
4

8

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

[Handwritten Signature]

Licensed Embalmer No. *246*

P. O. Address *[Handwritten Address]*

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.