No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3125

FILED FEB 10 1943

Registration District No. 2193 Primary Registration District No. 3063 Registrar's No. 13 10

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nellie McFarland Hospital
(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 42 yr 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 3, Point Bluff School Dist, Newburg, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Nina Johana Miller
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur A. Miller
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April (Month) 29 (Day) 1900 (Year)

8. AGE: Years 42 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Relfe (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Tom Haley
13. Birthplace Norman (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name Nancy Owen Trout
15. Birthplace Blooming Rose (City, town, or county) MO (State or foreign country)
16. (a) Informant Arthur A. Miller
(b) Address Rt. 3 Newburg, MO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, MO
18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, Mo
(a) Jan 1, 1943 (Date received local registrar) (b) Ellis Hacker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gall bladder infection following a cholecystotomy and gall stones removal

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12 6

Of autopsy

Duration

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 Anthony McFarlin (M. D. or other)
Address Rolla Mo Date signed 1-5-43

(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.....

Licensed Embalmer No. 3643

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.