S. No. 2
M—5-42
y. 5-17-39
I X32873

3713

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 343

Primary Registration District No. 6154

Registrar's No.

103
0
0

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural (Richland Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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: 103

(a) State Missouri (b) County Stoddard 0

(c) City or town 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 0

3. (a) PRINT FULL NAME Ida Elizabeth Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luther L. Miller

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. (Month) 17 (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	0	8	hr. min.

9. Birthplace (City, town, or county) Tennessee / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. P. Gooch
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Lenore Jane Ridings
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Luther L. Miller
(b) Address Essex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Essex, Mo. Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) Jan 2-43 (Date received local registrar) (b) Nora Irons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1942 hour 12 minute 10 p. M.

21. I hereby certify that I attended the deceased from Oct 1 42, 19, to Dec 25, 1942 that I last saw her alive on Dec 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus and Lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

48 b

Major findings:
Of operations

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 Dr W J Nux (M. D. or other)

Address Essex Mo Date signed 12/31/42

11 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1943

RECEIVED JAN 19 1943
District Health Office No. 2,
District File Number 143 - 68
Date Filed 1-6-43

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.....

Licensed Embalmer No.....

P. O. 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.