

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6023

State File No. _____

FILED 6000 11 1943
Registration District No. 1337

Primary Registration District No. 3011

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
205 east benton. /
(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) Fifty Years.

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri (b) County Carroll

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

(d) Street No. 205 E. Benton
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Lena Jorg. Miller.

3. (b) If veteran, name war. No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-3 day 3
year 43 hour 5:00 PM minute 0 M.

21. I hereby certify that I attended the deceased from 12-14, 1942 to 2-3, 1943

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

6. (b) Name of husband or wife John Miller. 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 7, 1872
(Month) (Day) (Year)

that I last saw her alive on Jan 31, 1943, 1943; and that death occurred on the date and hour stated above.

8. AGE:			If less than one day
Years	Months	Days	
<u>70</u>	<u>9</u>	<u>28</u>	hr. min.

Immediate cause of death Bronchial Pneumonia
5 lateral Duration 2 weeks

Due to Seinilitis - Acute
Pneumonia - 2-3 yrs

9. Birthplace Stark County, Ohio. /
(City, town, or county) (State or foreign country)

10. Usual occupation House Work at home.

Due to _____

Other conditions Arthritis
(include pregnancy (within 6 months of death))

11. Industry or business _____

12. Name Phillip Jorg,

13. Birthplace Strassburg, Germany. /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dott. Jorg.

15. Birthplace Strassburg, Germany. /
(City, town, or county) (State or foreign country)

Major findings. 107

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry L Miller

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof Feb 6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cemetery.

18. (a) Signature of funeral director John B. Butch

(b) Address Norborne, Mo.

19. (a) 2-6-1943 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature James Rafferty (M. D. or other) MD

Address Carrollton Mo Date signed 2-5-43

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

17
1
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-43

*File
Proctor*

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John G. Dietch

Licensed Embalmer No. 3654

P. O. Address: Norlane 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, above space should be left blank.