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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6243

FILED MAR 10 1939

Registration District No. 1439 Primary Registration District No. 4180 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35 1

(c) City or town Campbell Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Clara E. 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 Chas Miller 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 20 (Day) 1864 (Year)

8. AGE: Years 74 Months 9 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business ✓

FATHER
12. Name Daniel E. Fischer
13. Birthplace Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Glick
15. Birthplace Penn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Loyd Miller
(b) Address Campbell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Campbell

18. (a) Signature of funeral director Landers & Son
(b) Address Campbell Mo.

19. (a) 2-12-43 (Date received local registrar) (b) Mrs L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10th, 1940, to Jan 31st, 1943; that I last saw her alive on Jan 31st, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardio-Vascular disease Tic. Cardiac dilatation	4 yrs +
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93d

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 Wallace A. Belsey (M. D. or other) MD

Address Campbell Mo. Date signed 2/11/43

1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 343-295
Date Filed 8-8-43

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 Christina M. Lancaster

Licensed Embalmer No. 4227

P. O. Address Campbell, Me.

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.