DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943

Registration District No. 126

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10562

Primary Registration District No. 2001

Registrar's No. 191

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1509 Hill St (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: 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 1509 Hill St. (If rural, give location)

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

3. (a) PRINT FULL NAME: Josephine Reed Miller

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Joseph Henry Miller

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: February (Month) 23 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Covington (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ✓

FATHER

12. Name: George Bailey

13. Birthplace: Unknown (City, town, or county) Ind. (State or foreign country)

MOTHER

14. Maiden name: Margaret Crowder

15. Birthplace: ..... (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Joseph H. Miller

(b) Address: 1509 Hill Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olive Cemetery

18. (a) Funeral home: E. L. Smith (Signature of funeral director) W. E. Quinnette

(b) Address: 510 So Broadway Pittsburg Ks

19. (a) 3-30-43 (Date received local registrar) (b) Gertrude Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1943 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 29, 1943, 19..., to March 30, 1943, that I last saw her alive on Mar. 30, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	Unknown
Due to:	
Due to:	
Other conditions: Nephritis ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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: Eug. Grinaldi M.D. (M. D. or other)

Address: 521 S. A. Main Date signed: 3/30/43

1264

(Licensed Embalmer's Statement on Reverse Side)

43-3-312

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 3-30-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 510 So Broadway Pittsburg Ks

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.

5 1/2 Ft. Main

'. S. No. 2B
0M—8-21-41
I X29288

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. 10562

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 191

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Josephine Reed 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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 23 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour minute M.

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

Immediate cause of death Myocarditis

Due to 131 b

Due to

Other conditions Nephritis (Chronic
(Include pregnancy within 3 months of death)
over a period of 3 or 4 yrs)

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 Eug. Rinaldo (M. D. ~~or other~~)

Address Joplin, Mo. Date signed 3/30/43