

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 10 1943

Registration District No. 138

Primary Registration District No. 5522

Registrar's No. 3

43
0

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

1. PLACE OF DEATH:

(a) County Hickory

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

(c) Name of hospital or institution: 1

(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) 10 yrs

3. (a) PRINT- FULL NAME: 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, widowed 2 divorced, widowed

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

6. (c) Age of husband or wife if alive, years 14 years 1851

7. Birth date of deceased: Feb 14 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 1 10 hr. min.

9. Birthplace: Benton Co. Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.

12. Name: Matthew Davis

13. Birthplace: Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Aranda Pyron

15. Birthplace: Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Laura J. Miller

(b) Address: Cross Timbers Mo.

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

(c) Place: burial or cremation Cross Timbers

18. (a) Signature of funeral director: Vaughan & Reser

(b) Address: Urban Mo.

19. (a) Apr. 5-43 (Date received local registrar) (b) Mary E. Carleton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Cross Timbers
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar. 25, 1943 to Apr. 4 1943 that I last saw her alive on Apr. 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure

Due to: Cerebral Hemorrhage

Due to: Hypertension & Cerebral sclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: of operations

Of autopsy: of 30!

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) (e) Means of injury 2

23. Signature: M. H. Kueband (M. D. or other) 90

Address: Cross Timbers Mo. Date signed: 5/5/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

1676

RECEIVED

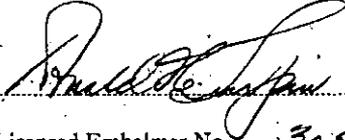
District Health Officer No. 7,

District File Number 4-43-147

Date Filed 5-5-43

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. 3053
P. O. Address Warsaw, Ill.

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.