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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1943
Registration District No. 316

Primary Registration District No. 6084

Registrar's No. 23

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Leadwood, Mo.
(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.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Leadwood, Mo.
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ERA LYDIA 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 Married
6. (b) Name of husband or wife George Miller 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased December 10 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 4 26 ..hr.min.

9. Birthplace Flat River Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None
12. Name FLERY ALLISON Church
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Hester Hale
15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant George Miller
(b) Address Leadwood, Mo.
17. (a) Burial (b) Date thereof MAY 9 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood Cemetery
18. (a) Signature of funeral director J.S. Boyer & son
(b) Address Leadwood, Mo.

19. (a) May-12-1943 (b) B Syndie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 11 minute 40 PM
21. I hereby certify that I attended the deceased from 1941 to May 6, 1943
that I last saw her alive on May 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease
Due to.....
Duration 2 year

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations.....
Of autopsy.....
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?.....
(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.....

23. Signature John W. Hunt M.D.
Address Paducah Mo Date signed 5/12/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 643-2274
Date Filed 6-5-43

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 Bert L. Boyer

Licensed Embalmer No. 30445

P. O. Address Leadwood, 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, fact should be so stated above.