

Registration District No. 1147

Primary Registration District No. 3008

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Sulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/4 - 3 mo - 21 d.
(Specify whether years, months or days)
In this community 3/4 - 3 mo - 21 d.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Leebaring 14
(If outside city or town limits, write "RURAL.")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Malindia Miller

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased DK (Month) (Day) (Year)

8. AGE: Years 67 Months Days If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER { 12. Name James Miller ?
13. Birthplace DK 9 (City, town, or county) (State or foreign country)

{ 14. Maiden name DK
15. Birthplace DK 9 (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 10 43 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo
18. (a) Signature of funeral director G. O. Roberts
(b) Address Columbia mo

19. (a) June 10-1943 (b) Jose Mouskoff (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 2:40 a M.

21. I hereby certify that I attended the deceased from 11-20 1943 to 6-7 1943

that I last saw her alive on 6-6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Heart Valve

Due to

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations

Of autopsy

Duration

months

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature KE Sherrill (M. D. or other)
Address Sulton, mo Date signed 6/14/43

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

14
1
2

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.....

P. O. Address.....

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.