

FILED JUL 9 1943  
Registration District No. 137

Primary Registration District No. 3023

42  
2

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether)

In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Montrose  
(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 Minnie 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, 2 divorced widowed

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

7. Birth date of deceased July 1 1871  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>72</u> | <u>10</u> | <u>29</u> | hr. min.             |

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James M. Mayes

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name L. Harris

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

16. (a) Informant Myr Kaupp

(b) Address Durham N. C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Werner's Mo

(b) Address Montrose

19. (a) June 7, 1943 (Date received local registrar)

(b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1943 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 26, 1943 to May 30, 1943  
that I last saw him alive on May 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death, Cardiac decompensation 18da of urami.

Due to chronic myocarditis 30da

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 H. Schuler (M. D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 6-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8808

1781

RECEIVED

District Health Officer No. 7,

District File Number 6-43-627

Date Filed 7-8-43

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, by  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed N. D. Gausant  
Licensed Embalmer No. 3779  
P.O. Address Clinton 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.