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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24653

FILED JUL 21 1943

Registration District No. 5228

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural - Pleasant Hill Mo.  
(If outside city or town limits, write "RURAL" and name of townships)

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

(d) Length of stay: In hospital or institution None  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

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

(d) Street No. 3 1/2 mi South of Pleasant Hill Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: CLARA DELL MILLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1943 hour 18 minutes 00 P. M.

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife J. E. Miller

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

7. Birth date of deceased: May 27 - 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to July 20 1943 that I last saw her alive on July 23 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: myocarditis

Duration 3 4/8

9. Birthplace Ill. - 1  
(City, town, or county) (State or foreign country)

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

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

10. Usual occupation Household Duties

Other conditions Gastric ulcer  
(Include pregnancy within 3 months of death)

11. Industry or business at home

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name Chas. Gulbraith Ill.

Major findings: Of operations 930

13. Birthplace \_\_\_\_\_

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

14. Maiden name Don't know

15. Birthplace \_\_\_\_\_

16. (a) Informant Mrs. Newton Schull

(b) Address Pleasant Hill Mo.

17. (a) Burial (Burial, cremation, or removal) Date thereof July 25 - 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Shaded Oak

18. (a) Signature of funeral director Margaret Tolle

(b) Address \_\_\_\_\_

19. (a) 7-24-43 (b) Margaret Tolle  
(Date received local registrar) (Registrar's signature)

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)

23. Signature E. A. Albere M. D. (M. D. or other) \_\_\_\_\_

Address Pleasant Hill Mo Date signed 7-24-43

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

1900

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**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. 1950

P. O. Address Drapel, 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, above space should be left blank.**