

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1943

State File No. \_\_\_\_\_

Registration District No. 377

Primary Registration District No. 6272

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Denver, Mo. 11th. 7th  
(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 \_\_\_\_\_ (Specify whether  
In this community. 60 yrs (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME IDA ALICE MILLER

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Wm Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 26 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name James Louduine  
13. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Mc Elroy  
15. Birthplace Denno (City, town, or county) (State or foreign country)

16. (a) Informant Lesse E Miller  
(b) Address Denver, Mo

17. (a) Burial (b) Date thereof June 2 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Grant Hwy MO

18. (a) Signature of funeral director Brain 1st  
(b) Address Denver Mo

19. (a) June 20-43 (b) Arline Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth  
(c) City or town Denver Mo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1943 hour 12:11 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June 1 1943 to June 1 1943 that I last saw her alive on June 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 day

Due to Pernicious Anemia 8 yrs  
Interstitial Nephritis ??

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

Other conditions (Include pregnancy within 3 months of death) 1 3/4

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

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

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 2

23. Signature W. H. H. H. H. H. (M. D. or other) DO  
Address Denver Mo Date signed June 10 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. 2947

P. O. Address. Denver 110

**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.**