

28367

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 52

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
1-5-42
5-17-38
I X 457

FILED SEP 10 1943

Registration District No. 140

Primary Registration District No. 3024

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

1. PLACE OF DEATH:

(a) County Howard, Fayette,

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard,

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

(d) Street No. (if rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT Mollie Miller,
FULL NAME

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race Black

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

6. (b) Name of husband or wife Romie Miller,

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 18th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation At home,

11. Industry or business

MOTHER FATHER { 12. Name George Duncan,

{ 13. Birthplace Kentucky, (City, town, or county) (State or foreign country) 1

{ 14. Maiden name Unknown,

{ 15. Birthplace 4 (City, town, or county) (State or foreign country)

16. (a) Informant Romie Miller,

(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 8-10-1943 (Date received local registrar) (b) Ernest W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Aug 8, 1943
that I last saw her alive on Aug 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition several mos.

Due to apoplexy - Pt hemiplegia approx 2 yrs.

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 0

23. Signature W. L. Coffeyman D. or other W.D.
Fayette, Mo Address Date signed 6-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No: 8,

District File Number

Date Filed

9-9-73

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

Guy T. Hally

Licensed Embalmer No.

2966

P. O. Address

Jayetts 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.