

28684

S. No. 2  
1-19-36  
5-17-36  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 25 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_ 55 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY Miller

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

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

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Burhat Miller

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

7. Birth date of deceased Aug 15 1862  
(Month) (Day) (Year)

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

81 10 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farm Wife

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

12. Name Not known

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Walker

(b) Address Prince City

17. (a) Burial (b) Date thereof 7-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prince City

18. (a) Signature of funeral director Edwin Wilks

(b) Address Prince City 210

19. (a) July 12 1943 (b) Ernest Greenley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10<sup>th</sup>  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 20, 1941, to July 10, 1943.  
that I last saw her alive on July 10, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes over 2yrs.  
Duration

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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)

(a) Means of injury \_\_\_\_\_

23. Signature Charles S. Moore (M. D. or other) MO.

Address Prince City Date signed July 12/43

1156 (Licensed Embalmer's Statement on Reverse Side)

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

005

RECEIVED

District Health Officer No. 6,

District File number 843-908

Date filed AUG 26 1928

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 Me

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

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pine City 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.