

S. No. 2
7-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29491

State File No.

FILED SEP 9 1943 6
Registration District No. 6101

Primary Registration District No. 6101

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Gorin, "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Gorin Rural
(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 Lucy A. 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, Divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 1st 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 18 hr. _____ min.

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

10. Usual occupation Homekeeper

11. Industry or business

MOTHER FATHER { 12. Name Milton Price
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Aletha Williams
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant W. P. Gorin
(b) Address Gorin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Gerth & Baskin
(b) Address Gorin Mo

19. (a) Aug 30 1943 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to Aug 18 1943
that I last saw her alive on Aug 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Myocarditis 3 months
Chronic Bronchitis 5 years

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 930

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) no
(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 J. M. Johnson (M. D. or other) Mo
Address Gorin Mo Date signed 8-21-43

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

RECEIVED

District Health Officer No. 10

District File Number 9-43-1449

SEP. 8 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 1817

P. O. Address.....
Grove, Md.

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.