S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

Registration District No. 48

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41801

Primary Registration District No. 5142

Registrar's No. 362

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural - Neelyville Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12 miles South on Hi-way 14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 12 miles South Poplar Bluff
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ethel 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 Married

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

7. Birth date of deceased Nov. 12, 1889 (Month) (Day) (Year)

8. AGE: Years 54 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Edmondson, Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Miller
(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mole Hill — Butler Co. Mo

18. (a) Signature of funeral director Frank — Cotrell
(b) Address Poplar Bluff, Mo

19. (a) 12-14-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1943 hour 1105 minute A. M.

21. I hereby certify that I attended the deceased from 1943, 19..., to 12-12, 1943
that I last saw her alive on July 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Squamous cell carcinoma of cervix uteri	
Due to: & metastasis to lim	
Due to: & uteri	
Other conditions (Include pregnancy within 3 months of death) 48a	
Major findings: Of operations [illegible]	
Of autopsy [illegible]	

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other) .....
Address [illegible] Date signed .....

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1572
Date Filed 12-23-43

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 Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.