

Registration District No. **330**

Primary Registration District No. **6112 C**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Scott**
 (b) City or town **Illmo-Rural, Kehso Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (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 **Akhof Wise** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Scott 100**
 (c) City or town **Illmo Rl. Rural 2**
(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 _____

3. (a) PRINT FULL NAME **Catherine Ann Miller**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **21**
 year **1944** hour **9:00** minute _____ M.
 21. I hereby certify that I attended the deceased from **10/1/43**
 19____ to **1/21/44**, 19____
 that I last saw h. **u** alive on **1/21/44**, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Joe Miller**
 6. (c) Age of husband or wife if alive **93** years
 7. Birth date of deceased: **Aug 18 1860**
(Month) (Day) (Year)

Immediate cause of death: **myocarditis**
hypertension
senility
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years **83** Months **5** Days **5**
 If less than one day _____ hr. _____ min.

9. Birthplace: **Illmo Mo 0**
(City, town, or county) (State or foreign country)
 10. Usual occupation **House wife**

Major findings: Of operations **93%**
 Of autopsy **none**
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **Max Brenneisen 4**
 13. Birthplace _____ **Germany 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Don't know**
 15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Sus Miller 1**
 (b) Address **Illmo Mo**
 17. (a) **Burial** (b) Date thereof **1-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St Joseph Lighter, Illmo Mo**

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)
 (c) Means of injury _____

18. (a) Signature of funeral director **Displinghoff Dubbards**
 (b) Address **Illmo, Mo**
 19. (a) **Jan-24-44** (b) **S. J. D. Miller**
(Date received local registrar) (Registrar's signature)

23. Signature **T. B. Lee M.D.** (M. D. or other)
 Address **Illmo** Date signed **1/22/44**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

729

