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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 234

FILED APR 13 1948 2

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County GRUNDY

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community MOST OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY

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

(d) Street No. ZIOE CROWDER
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MINERVA MILLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FE 5. Color or race W

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

6. (b) Name of husband or wife CON M. MILLER

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

7. Birth date of deceased NOV. 28 1863
(Month) (Day) (Year)

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

80 3 24 hr. min.

9. Birthplace GRUNDY CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name MILTON CROW

{ 13. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

{ 14. Maiden name DO NOT KNOW

{ 15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HERB. BROWN

(b) Address TRENTON MO.

17. (a) Buried (b) Date thereof 3/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE GROVE

18. (a) Signature of funeral director GIPSON FUN. HOME

(b) Address TRENTON MO.

19. (a) 3-34-44 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1944, to March 21 1944;
that I last saw her alive on March 20 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Organic Heart Disease
Myocardial Infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9502

Of autopsy _____

Duration Four years

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)

(e) Means of injury _____

23. Signature: L. J. Roberts (M. D. or other) _____

Address Trenton Mo Date signed 3-23-48

1020

(Licensed Embalmer's Statement on Reverse Side)

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..... *M. J. Jones*

Licensed Embalmer No. *3453*

P. O. Address *Jacksonville, Fla.*

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.