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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11173

FILED MAR 27 1944

Registration District No. 7 Primary Registration District No. 3026 Registrar's No. 37

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1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural Ind. Dep. Blue (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Ind. Dep. Rural (If outside city or town limits, write "RURAL")

(d) Street No.: RR, 4 (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: Rita Jane Milton

3. (b) If veteran, name war: .....

3. (c) Social Security No.: .....

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: 2/2 (Month) (Day) 44 (Year)

8. AGE: Years: Infant Months: Days: If less than one day: 5 hr. 30 min.

9. Birthplace: Ind. Dep. Mo (City, town, or county) — (State or foreign country)

10. Usual occupation: New born

11. Industry or business: .....

FATHER
12. Name: Robert F. Milton
13. Birthplace: Indep. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mildred F. Osborn
15. Birthplace: Odessa (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Father
(b) Address: RR. 4 Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Indep. Mo

18. (a) Signature of funeral director: Ott-Mitchell
(b) Address: 310 N. Main - Indep. Mo.

19. (a) 2-2-1944 (Date received local registrar) (b) James W. Rosh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 44 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from Feb 2 1944, to Feb 2 1944, that I last saw her alive on Feb 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity — (Delivery date should have been May 4 1944.)

Due to: Premature rupture of membranes 3 weeks ago.

Due to: .....

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Of operations: None 159

Of autopsy: None

Duration

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? (f) Means of injury: .....

23. Signature: Jameen Rothman (M. D. or other) MD

Address: Independence Mo Date signed 2-2-44

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(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 R B Mitchell, Registered Apprentice No. ....., working under my personal supervision.

Signed R B Mitchell

Licensed Embalmer No. 646

P. O. Address Independence

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.