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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11606

Registration District No. 248 Primary Registration District No. 58-44-436 9 Registrar's No.

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Seneca Mo

(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 years, months or days)

In this community: 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton 73 4

(c) City or town: Seneca 0

(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: 0

3. (a) PRINT FULL NAME: Maggie Miller Fry

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: May (Month) 26th (Day) 1879 (Year)

8. AGE: Years: 84 Months: 9 Days: 1 If less than one day: hr. min.

9. Birthplace: Reading Penna (City, town, or county) / (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER 12. Name: Charles Miller

FATHER 13. Birthplace: Penna (City, town, or county) / (State or foreign country)

MOTHER 14. Maiden name: Mary Detrick

MOTHER 15. Birthplace: Penna (City, town, or county) / (State or foreign country)

16. (a) Informant: Rhoda Chase

(b) Address: Seneca Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Seneca Cem Seneca Mo

18. (a) Signature of funeral director: [illegible]

(b) Address: Seneca Mo

19. (a) March 11-44 (Date received local registrar) (b) Nettie Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 27 day year 1944 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 28 1944 to Feb 18 1944 that I last saw her alive on Feb. 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 2 yrs.

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): GZD

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):

(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: 0

23. Signature: John B. Roberts (M. D. or other) D.O.

Address: P.O. Box 294 Seneca Date signed 2-28-44

13.2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-20-44

District Health Officer No.

District File Number 344-57

Date Filed 3-21-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson 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.