S. No. 2
M—2-43
5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18414

FILED MAY 17 1944

Registration District No. ____ Primary Registration District No. 303-05592 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus R F D 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lochinvar

(If not in hospital or institution, write street number or location)

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

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Festus Rural (If outside city or town limits, write "RURAL") 50

(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 Annie Laura Miller

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John W. Miller 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb. (Month) 5 (Day) 1862 (Year)

8. AGE: Years 81 Months 10 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Linn (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business ____

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

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

16. (a) Informant Stanley Medley

(b) Address Festus R4D 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyside

18. (a) Signature of funeral director Fink Funeral Parlors

(b) Address Festus, Mo.

19. (a) 1-1-44 (Date received local registrar) (b) Mrs. Lillye Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1943 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from 1930, 19__, to Dec 29, 1943, that I last saw her alive on Nov - 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions Endocarditis Ch. Rheumatic (Include pregnancy within 3 months of death)	1930
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 ____

23. Signature Chas E. Talbot (M. D. or other)

Address Dr Soto Mo Date signed 1/2/44

1350

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-15-44

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 Elena Provinse

Licensed Embalmer No. 3403

P. O. Address Festus 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.