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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21209

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 176

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 811 Park Ave. (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 Butler 12 7

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 3

(d) Street No. 811 Park Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mattie Smith Miller

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 Married

6. (b) Name of husband or wife Geo. Miller

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years About 68 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Salem (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isiral Young
13. Birthplace ~~Unknown~~ (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Geo. Miller

(b) Address 811 Park Ave. Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Missouri

19. (a) 5-23-44 (Date received local registrar) (b) Belle Tinne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1944 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Mar 10, 1944, to May 16, 1944 that I last saw her alive on Mar 10, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	2½ days
Due to Hypertension	
Due to age.	
Other conditions Myocarditis Chronic 6 mos (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 J. Lee Harwell (M. D. or other)

Address Poplar Bluff Mo. Date signed 5/18/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-858
Date Filed 6-14-44

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 R. Richard Brown

Licensed Embalmer No. 4324

P. O. Address Bath Bluff, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.