V. S. No. 2
00M—8-43
ev. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24343

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 233

16
1
4

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution 537 Morgan Oak
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 107 N. Ellis St. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 107 N. Ellis St. 1
(If rural, give location)

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

If yes, name country ---------- 0

3. (a) PRINT FULL NAME Luttie Miller

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Albert Miller 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 10, 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Allenville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----------

FATHER
12. Name C. F. Sides
13. Birthplace Ironton, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary V. Renfro
15. Birthplace Cape Girardeau, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Williams (Daughter)
(b) Address 537 Morgan Oak, Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Missouri

19. (a) 7-24-44 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Jany. 13, 1944, to July 14, 1944,
that I last saw her alive on 7-14-, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	6 mons.
Due to	
Due to Arteriosclerosis	14 mons.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 W. A. Fengal (M. D. or other)

Address 204 S. Locust St Charleston Mo. Date signed 7-18-44

1014 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 844-4186
Date Filed 6-7-44

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Pope Guardian 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.