

S. No. 2
M-8-43
v. 5-17-39
#1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34354

FILED NOV 8 1944

State File No. _____

Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Private Nursing Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days.
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt. 44

(c) City or town Mound City, Mo. 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Ada H. Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th.
year 1944 hour 9 minute 30 P.M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married widowed
divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 1st, 1863.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20, 1944, to _____, 19____.

that I last saw h. alive on Oct 21, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Tortic cervicalis 4 1/2 years
Duration _____

9. Birthplace Hamburg Iowa.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation House work

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Mikkox Hawkins

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ada Miller

(b) Address Mound City.

17. (a) Burial (b) Date thereof Oct. 28th,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

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? none
(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 P. J. Newberry (M. D. or other) _____
Address Oregon Mo Date signed Oct 26 44

18. (a) Signature of funeral director Pauline Dawson

(b) Address Mound City, Mo.

19. (a) 10-28-44 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

4004

1180

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.....

H. Campbell

Licensed Embalmer No. *1824*

P. O. Address *Grand City 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.