S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37886

Registration District No. 140 | Primary Registration District No. 3024 | Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County: Howard
(b) City or town: Fayette
(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: 1
In this community (Specify whether years, months or days): about 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard
(c) City or town: Fayette Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 203 West Davis (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ida Cropp 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: Widowed
6. (b) Name of husband or wife: Wm. E Miller Sr.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 20 (Day) 1867 (Year)

8. AGE: Years 77 | Months 0 | Days 24 | If less than one day: hr. min.

9. Birthplace: Carroll County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business:

FATHER
12. Name: Flavius Stapleton Cropp
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Judith Catherine Cropp
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Robert Payne
(b) Address: RFD Fayette Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fayette City Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1944 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from 10-18-44, 19..., to 10-18-44, 19..., that I last saw her alive on 10-18-44, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Chr. Arteria Sclerosis 10 yrs
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 8 3a
Of autopsy:

Duration

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 Bloom (M. D. or other) M.D.
Address: Fayette Mo. Date signed: 10-18-44

1319

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-20-47

APR 30 1945

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.