S. No. 2
M—5-42
v. 5-17-39
I X32873

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

Dr. Ferrell

State File No. 41179

Registration District No. FILED DEC 27 1944

Primary Registration District No. 2.000

Registrar's No. 875

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: St. JohnsHosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 Weeks (Specify whether years, months or days)

In this community: 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 665 University
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Alice J. Miller

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fred E. Miller

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

7. Birth date of deceased: July (Month) 3, (Day) 1871 (Year)

8. AGE: Years 73 Months 5 Days 0 If less than one day hr. min.

9. Birthplace: Valley Park (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: Louis Marguardt

13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Elizabeth Campbell

15. Birthplace: St. Louis (City, town, or county) Missouui (State or foreign country)

16. (a) Informant: Harry Miller

(b) Address: Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis, Mo.

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 12/5/44 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1944 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from 10-17, 1944, to 12-3, 1944; that I last saw h. alive on 12-2, 1944; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Metastatic Pulmonary Sarcoma

Due to: Sarcoma of Uterus

Due to: 48 hr

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

Major findings: Of operations: Sarcoma of Uterus

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? St Johns Hospital (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: Thomas E. Ferrell Jr. (M. D. or other)

Address: Springfield Mo Date signed 12/5/44

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 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.....

Licensed Embalmer No. 2457

P. O. Address.....

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.