

FILED FEB 10 1945

Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital about 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town R.F.D. Jackson Mo
(If outside city or town limits, write "RURAL") 16
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Miller
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 19 year 1945 hour 7 minute _____ P.M.
21. I hereby certify that I attended the deceased from 11-19-43 to 1-19-45
that I last saw her alive on 1-19-45
and that death occurred on the date and hour stated above.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Linder Miller
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 10 1875
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction -
Due to Melanotic Carcinoma primary in Rec. Ltr. Ovary
Other conditions Hypertension
Duration _____

8. AGE: Years 69 Months 5 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Millersville Mo. (City, town, or county) (State or foreign country) 1
10. Usual occupation housewife
11. Industry or business _____
12. Name John A. Mc Lane
13. Birthplace Linsknow (City, town, or county) (State or foreign country) 9
14. Maiden name Sarah Jane Laughlin
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

Major findings: 49 a
Of operations ✓
Of autopsy ✓
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant D. L. Miller
(b) Address Jackson Mo
17. (a) Burial (b) Date thereof 1/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director McCombs funeral
(b) Address Jackson Mo
19. (a) 1-22-45 (b) F. W. Phelps
(Date received local registrar) (Registrar's Signature)

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? ✓
While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature Arthur Earl O (M. D. or other) pho
Address Jackson, Mo Date signed 1-20-45

1018

RECEIVED

District Health Officer No. 4
District File Number 245-223
Date Filed 2-7-45

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 Thos. H. Egan

Licensed Embalmer No. 4053

P. O. Address Jackson

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.