S. No. 2
M—2-43
. 5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1945

Registration District No. 5

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1898

Primary Registration District No. 3010

Registrar's No. 32.

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: 521 rear S. Frederick St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 mos. 29 days (Specify whether years, months or days)

In this community: 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau 16

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

(d) Street No.: 521 rear S. Frederick 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: Russell Eugene Miller

3. (b) If veteran, name war: ---------

3. (c) Social Security No.: -------

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: June 1, 1944 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
No	7	29	hr. min.

9. Birthplace: Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: ----------

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

FATHER
12. Name: Unknown
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maxine Miller
15. Birthplace: Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Maxine Miller Cape Girardeau

(b) Address: 521 rear S. Frederick St. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: F. L. Sparks

(b) Address: Cape Girardeau, Mo.

19. (a) 1-31-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1945 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-29-1945, 19..., to 1-29-, 19 45 that I last saw him alive on 1-29-, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis, and bowel obstruction	20 hrs
Due to: Appendicitis	3 da
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (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. H. Wiercent (M. D. or other)

Address: Cape Girardeau Mo Date signed 1-30-45

101F

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 245-234

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.