V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

Registration District No. 256

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2587

Primary Registration District No. 2001

Registrar's No. 621

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

1. PLACE OF DEATH:

(a) County: Jasper

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

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

(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)

In this community: 6 Wks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jasper

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

(d) Street No.: 2220 Pearl (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Louise Kaye Miller

3. (b) If veteran, name war:

3. (c) Social Security No.: Infant

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov (Month) 12th (Day) 1944 (Year)

8. AGE: Years | Months: 1 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Joplin (City, town, or county) Mo (State or foreign country) U

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Norman Miller
13. Birthplace: Mo (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name: Helen Hutler
15. Birthplace: Miami Fla (City, town, or county) (State or foreign country) 1

16. (a) Informant: Norman Miller

(b) Address: 2220 Pearl, Joplin, Mo:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 29 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Osborn Memorial

18. (a) Signature of funeral director: Parker Hunsaker

(b) Address: Joplin, Mo:

19. (a) 12-28-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 27 year: 1944 hour: 10 minute: A M.

21. I hereby certify that I attended the deceased from Nov 12, 1944, to Dec 27, 1944 that I last saw her alive on Dec 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: atelectasis	12 days
Due to: Enlarged Thymus	from birth
Due to:	
Other conditions (Include pregnancy within 3 months of death): Malnutrition + under development - (Twin child)	from birth

Major findings:
Of operations:
Of autopsy: 64

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: C

23. Signature: Ernest Mitchell (M. D. or other)

Address: Joplin Mo Date signed: 12-28-44

(Licensed Embalmer's Statement on Reverse Side)

1204

44-12-1065

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.