No. 2
JM—8-43
ev. 5-17-39
I X37823

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

27
1
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

Registration District No. 82

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 5950

Registrar's No. 29 (29)

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community 24 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. 315 WALNUT ST. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS NADINE FRANCES MILLER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARENCE H. MILLER

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased OCTOBER (Month) 27 (Day) 1898 (Year)

8. AGE: Years 46 | Months 3 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace WINDSOR (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name JOHN BURGER
13. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MATTIE MARTIN
15. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant CLARENCE H. MILLER

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 28, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Feb 28-45 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 26th year 1945 hour 11:15 minute p M.

21. I hereby certify that I attended the deceased from Feb. 21, 1945, to Feb. 26, 1945; that I last saw her alive on 2 - 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Toxemia	3 days.
Due to Peritonitis.	3 days.
Due to Post-operative.	5 days.
Other conditions Abortion 2 days Postop. (Include pregnancy within 3 months of death)	5½ mos.

Major findings:
Of operations
Of autopsy

140 b

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. Ziegler (M. D. or other) M.D.

Address Boonville Mo. Date signed 2-28-45

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

Date Filed 3-5-45

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.