U. S. No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9147

Primary Registration District No. 1600

Registrar's No. 327

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: three days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 218 W. Hyde Park (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lucille V. 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: George
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: April (Month) 26 (Day), 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
38	11	25	hr. min.

9. Birthplace: De Kalb (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Robert Asbury
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: George Miller (Husband)
(b) Address: 218 W. Hyde Park, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Sugar Creek Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: 6054 Pryor Ave., City
19. (a) 3-23-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1945 hour 4:00 minute P.M.
21. I hereby certify that I attended the deceased from 3-13, 1945 to 3-21, 1945 that I last saw her alive on 3-21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilitation of heart	4 hours
Due to: Shock caused by hemorrhage	3-20-45
Due to: Therapeutic abortion - Hydatidiform mole complicating	
Other conditions (Include pregnancy within 3 months of death): about 2 1/2 months pregnancy	

Major findings:
Of operations: 95 C4
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: E. J. Gross (M. D. or other) DO
Address: 5008 King Hill Date signed: 3-22-45
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 20 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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.