

S. No. 2
 M-8-43
 v. 5-17-39
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14009

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 19 1945
 Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 Primary Registration District No. 3045

State File No. _____
 Registrar's No. 14

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

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Grand Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Miller
 3. (b) If veteran, name war ----
 3. (c) Social Security No. ----
 4. Sex F 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lem Miller
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 9th 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>18</u>	hr. _____ min.

9. Birthplace N.K. Mississippi
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name William White
 13. Birthplace N.K. Mississippi
 (City, town or county) (State or foreign country)
 14. Maiden name Sarah Ruff
 15. Birthplace N.K. Mississippi
 (City, town, or county) (State or foreign country)
 16. (a) Informant Sarah Miller
 (b) Address Charleston, Mo.
 17. (a) Burial (b) Date thereof 3-4-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Charleston, Mo.
 18. (a) Signature of funeral director J. F. Hummel Jr.
 (b) Address Charleston, Mo.
 19. (a) 4/11/45 (b) J. F. Hummel Jr.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miss. 67
 (c) City or town Charleston
 (If outside city or town limits, write "RURAL")
 (d) Street No. Grand Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 27th
 year 1945 hour 8 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____ 19____;
No Medical Attendance
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
 Due to _____
 Due to Very sudden death.
Collapsed & died within 2 min
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none
 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) no
 (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? Mo.
 While at work? _____ (Specify type of place)
 (e) Means of injury Coronary Embolism
 23. Signature J. F. Hummel Jr. M. D. or other _____
 Address Charleston Mo Date signed 3-2-45

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 445-587

Date Filed 7/14/45

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 John F. Minneley Jr.
Licensed Embalmer No. 3851

P. O. Address Charleston, 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.