

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14194

FILED MAY 11 1945
Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cynthia Isabelle Millikan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 16 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	9	24	hr. min.
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9. Birthplace Elizabethtown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John H. Miller

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Parsons

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Larene Johnson

(b) Address Hayti, Missouri

17. (a) Burial (b) Date thereof 4/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director W. S. Smith Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 4-30-1945 (b) W. S. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1945 hour 11 minute 58 P.M.

21. I hereby certify that I attended the deceased from April 1, 1945 to April 9, 1945
that I last saw her alive on April 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carer of fever

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 468

Of autopsy: _____

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? _____ (c) Means of injury _____

23. Signature W. S. Smith (M. D. or other) _____

Address Hayti, Mo. Date signed 4/19/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1327

(Licensed Embalmer's Statement on Reverse Side)

4-45-97

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 _____ *E. S. White*

Licensed Embalmer No. 4168

P. O. Address Sanitariansville, 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.