S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24114

State File No.

FILED AUG 14 1945

Registration District No. 143

Primary Registration District No. 5559

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Hutton Valley Hutton Valley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Jury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town HUTTON VALLEY 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BERTHA MILLICENT MILLER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George O. Miller
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct. (Month) 30, (Day) 1871 (Year)

8. AGE: Years 73 Months 8 Days 18 If less than one day hr. min.

9. Birthplace KOKOMO (City, town, or county) INDIANA 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name VICTOR GLUNT
13. Birthplace (City, town, or county) PENN 1 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) " " 9 (State or foreign country)
16. (a) Informant DALE MILLER
(b) Address Willow Springs, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation HUTTON VALLEY CEMETERY
18. (a) Signature of funeral director J C Burns
(b) Address Willow Springs, Mo.
19. (a) 8-21-45 (Date received local registrar) (b) Hanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18
year 1945 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from 6-22-1943 to 7-18-1945
that I last saw her alive on 7-16-1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | 1 yr. |
| Due to Hypertension | |
| Due to arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

938

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 C O Callahan (M.D.)
Address Willow Springs, Mo. Date signed 7/20/45

345

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 845327
Date Filed 8, 13, 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 Thomas R. Burns Jr

Licensed Embalmer No. 4214

P. O. Address Willow Springs 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.**