

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.---Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**30424**  
Do not use this space.

**FILED OCT 12 1945**

1. PLACE OF DEATH  
 (a) County Dade Registration District No. 92  
 (b) Township Lockwood Primary Registration District No. 537  
 (c) City Lockwood (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara W. Miller  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13-1852</u>				
7. AGE	YEARS <u>93</u>	MONTHS <u>11</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House work</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u> <u>Dont know</u>				
FATHER	13. NAME <u>Dont know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont know</u>			
MOTHER	15. MAIDEN NAME <u>Dont know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>			
17. INFORMANT (ADDRESS) <u>Maud S. Luge</u> <u>STAR MA LAKE LOWA</u>				
18. BURNAL, CREMATION, OR REMOVAL PLACE <u>Aurelia</u> DATE <u>Towa</u> 19 <u>45</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed Hammerchild</u> <u>Lockwood, Mo</u>				
20. FILED <u>9-23</u> 19 <u>45</u> <u>Mary Beth Bell</u> <u>Local Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 22</u> 19 <u>45</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 30</u> 19 <u>44</u> to <u>Sept 22</u> 19 <u>45</u>	
I last saw her alive on <u>Sept 1</u> 19 <u>45</u> . Death is said to have occurred on the date stated above, at <u>3 P</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Senility</u>	
Other contributory causes of importance: _____	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____	
If so, specify (Signed) <u>James O. Wren</u> M. D. (Address) <u>Lockwood Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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..... *R. L. Hunsch* .....

Licensed Embalmer No. *3234*

P. O. Address *Lockwood Iowa*

**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, above space should be left blank.**