S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1945

State File No. 31565

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Queen City (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bertha E. Miller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daniel B. Miller
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased October (Month) 23, (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10	6	hr. min.

9. Birthplace Farmington (City, town, or county) Iowa (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Oren Slaughter
13. Birthplace Farmington (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Rezia Jane Foster
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Marguerite Miller
(b) Address Queen City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, '45 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Queen City Cem
18. (a) Signature of funeral director Wm N West
(b) Address Queen City Mo
19. (a) Aug. 30, 1945 (Date received local registrar) (b) A. A. Justice

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1945 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Dec 13, 1944, to Aug 29, 1945 that I last saw her alive on Aug 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	1
Due to Anemia	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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 O. P. Gwin (M. D. or other) DO
Address Queen City Mo Date signed Aug 30

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1423
Date Filed SEP 17 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 Wm H West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.