

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

37604

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 16 1945

Registration District No. 156

Primary Registration District No. 2801

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital  
(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 Newton **73**

(c) City or town Granby **1**  
(If outside city or town limits, write "RURAL") **0**

(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 Ethel Emmeline Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st  
year 1945 hour 4 minute \_\_\_\_\_ P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ralph Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: October (Month) 11 (Day) 1885 (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1945 to Oct 1st 1945; that I last saw her alive on Oct 1st 1945, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>20</u>	hr. _____ min.

Immediate cause of death  
Cerebral Embolism & Splanchnic Embolism,

Due to Major Surgery, Ovarian Cyst, eyes Salpingy and multiple adhesions.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Keokuk County, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Woodford Varden

13. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Quick

15. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

Major findings: Ovarian Cyst 560 **PHYSICIAN**  
Inter hematomas eyes Salpingy  
Of autopsy \_\_\_\_\_

Underline which death should be charged statistically.

16. (a) Informant Ralph Miller  
(b) Address Granby, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Culver Funeral Home  
(b) Address Cassville, Missouri

19. (a) 10-4-45 (b) E. O. Jones  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

23. Signature E. Ernest Johnson  
Address 617 Friess Date signed 10/4/45

1407 (Licensed Embalmer's Statement on Reverse Side)

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

9  
2  
5

45-10-859

NOV 26 1945

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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..... *Margaret Culver* .....  
Licensed Embalmer No..... *4389* .....  
P. O. Address..... *Cassville* .....

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.