

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED DEC 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. 38322
Registrar's No. 30

Registration District No. 296 Primary Registration District No. 6017

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural CAMDEN Imp
(c) Name of hospital or institution:
Seven Miles Southwest of Orrick
(d) Length of stay: In hospital or institution _____
In this community Nine Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Louise Millar
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25
year 1945 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 1
1945 to Nov 25 1945
that I last saw her alive on Nov 25 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander Millar
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 11 1862
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration 1 week.
Due to Chronic Interstitial Nephritis Unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
83 7 14 hr. min.

9. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 131/5
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11. Industry or business _____
12. Name James Pettiner
13. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Ophelia Simonson
15. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Teal
(b) Address Route # Orrick, Mo.
17. (a) Burial (b) Date thereof 11-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riffe Cemetery
18. (a) Signature of funeral director B. W. Wood
(b) Address Orrick, Mo.
19. (a) Nov 27 45 (b) Helen J. Larkin
(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) (e) Means of injury _____
23. Signature Virgil E. Shade (M. D. or other) _____
Address Orrick, Mo. Date signed 11-27-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-4-45

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

J. E. Broadbent

Licensed Embalmer No.

2171

P. O. Address

Rapville

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.