S. No. 2
M—2-43
v. 5-17-39
P 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40353

FILED DEC 27 1945

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 190

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 7 days (Specify whether
In this community hospital 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland
(c) City or town Rutledge Rural
(If outside city or town limits, write "RURAL")
(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 Ida M. Miller

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. C. Miller

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan (Month) 4 (Day) 1872 (Year)

8. AGE: Years 73 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Scotland (City, town, or county) Co. Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Americus Miller
13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Sparks
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant T. C. Miller
(b) Address Rutledge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 (Month) (Day) 45 (Year)
(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Gerth F. Bassett
(b) Address Memphis Mo

19. (a) 12-21-45 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from ~~Dec~~ Nov 2, 1945, to Dec 9, 1945
that I last saw her alive on Dec. 9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 day
Due to Tuberculosis of	yrs
Due to Lungs	
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 Geo. F. Davison (M.D. or other) D.O.
Address Kirksville, Mo Date signed 12-9-45

(Licensed Embalmer's Statement on Reverse Side)

12-45-1848
12-21-1945

DEC 27 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 Fred Gerth

Licensed Embalmer No. 42 56

P. O. Address Memphis 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.