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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3649

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Memorial 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Rural....Duke Mo., 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearl Elizabeth Miller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. Bland Miller (Dec)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 30, 1886 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 5 | 13 | hr. min. |

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name G. Dunivan
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
MOTHER 14. Maiden name Virginia Trusty
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Elba Miller
(b) Address Jerome, Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Roach Cemetery
18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,
19. (a) Jan. 17, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1946 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 4, 1946, to Jan. 13, 1946; that I last saw h. alive on Jan. 13, 1946; and that death occurred on the date and hour stated above.

| Immediate cause of death Diabetic coma | Duration |
|---|---|
| Due to Diabetes. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 0
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
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 [illegible] (M. D. ~~or other~~)
Address Rolla, Mo. Date signed 1/6/46

252 (Licensed Embalmer's Statement on Reverse Side)

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

1791

## 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed S. C. [illegible]

Licensed Embalmer No. 3397

P. O. Address Rolla 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.**