

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3742

State File No. _____

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rehland Mo.
(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 MO (b) County Pulaski Mo.

(c) City or town Rehland
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHAYES FREMONT MILNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1945 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from 12-12-45
12-24- 1945, to _____, 19____
that I last saw him alive on 12-23- 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 28 1876
(Month) (Day) (Year)

Immediate cause of death: Pneumonia, bacterial Duration 3 days

Due to Influenza 8 days

Due to _____

8. AGE: Years Months Days If less than one day

89 9 27 hr. min.

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

10. Usual occupation Retired Farmer

Other condition Paralysis left 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Noah Miller

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant _____

(b) Address Rehland Mo Rain

17. (a) Burial (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Open Lawn

18. (a) Signature of funeral director R B Super

(b) Address Rehland Mo

19. (a) 1-19-1946 (b) Chas M Dade
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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) Hours of duty _____

23. Signature P. Mallette (M. D. or R. D.) M-D

Address Broder, Mo Date signed 12-26
Mallette

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

100757

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.....

Licensed Embalmer No.....

P. O. Address.....

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.