

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1946 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6321

Registration District No. 17C Primary Registration District No. 4278 State File No. _____ Registrar's No. 308

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller
(c) Name of hospital or institution: Miller Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Native years, months or days

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

3. (a) PRINT FULL NAME Nettie Naphy
3. (b) If veteran, name war L 3. (c) Social Security No. None
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive L years
7. Birth date of deceased: 3 (Month) 31 (Day) 1881 (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 6 year 1946 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 14 1945 to Feb 5 1946 that I last saw her alive on Feb 5 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 10 5 hr. _____ min.

Immediate cause of death Peritonsillar Abscess Duration 1 year
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business _____
12. Name Josiah Connell
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Alice Dicks
15. Birthplace Va. (City, town, or county) (State or foreign country)
16. (a) Informant Dr. Emory Connell
(b) Address Miller Mo.
17. (a) Burial (b) Date thereof 2-8-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem
18. (a) Signature of funeral director Morris Remon
(b) Address Miller Mo.
19. (a) 2-11-46 (b) Edith Beesley (Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. J. Holmes (M. D. or other) _____
Address Miller Mo. Date signed 2-6-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 146-112

Date Filed FEB 25 1946

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 Edmund B. Geman

Licensed Embalmer No. 3297

P. O. Address Millers 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.