V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dan G. Stine MD

8504

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1516 Wilson
(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 Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Wilson Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JENNIE MILLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Miller

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

7. Birth date of deceased 8 - 7 - 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	21	..... hr. ..... min.

9. Birthplace Racine (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name David Warren Emerson
13. Birthplace Rochester (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Tasker
15. Birthplace ..... (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant Walter Miller

(b) Address 1516 Wilson Ave., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-6-46 (Date received local registrar) **(b)** Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 18, 1945 to Feby 27, 1946 that I last saw her alive on Feby 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death My cordit is

Due to Toxic goiter

Due to .....

Other conditions (Include pregnancy within 3 months of death) Chronic inter-stitial nephritis

Major findings:
Of operations .....
Of autopsy 13/0

Duration

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 [signature] (M. D. or other) MD

Address [signature] Date signed 3/4-46

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-11-46

JUL 22 1946

JUN 7 1950

NOV 27 1950

OCT 10 1946

MAY 31 1950

FEB 19 1947

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 Chas L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.