

S. No. 2  
M-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

8991

# FILED APR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 103

Primary Registration District No. 4175

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 1  
(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 Dunklin

(c) City or town Hammersville Mo  
(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 Josephine Raubs Miller

3. (b) If veteran, name war no

3. (c) Social Security No. 920

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased May 30 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 18 1946  
that I last saw him alive on March 18 1946  
and that death occurred on the date and hour stated above.

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

86 9 18 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Branch Pneumonia Duration 2 wks

Due to asthma

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

Other conditions Gen. Emic  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired House wife

Major findings: Of operations \_\_\_\_\_

11. Industry or business Housewife

12. Name George Miller

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lamar

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

16. (a) Informant Jud Raub

(b) Address Hammersville Mo

17. (a) \_\_\_\_\_ (b) Date thereof Mar 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammersville cemetery

18. (a) Signature of funeral director W.T. Cameron

(b) Address Hammersville Mo

19. (a) Mar 20 1946 (b) Bertha Kunschnig  
(Date received local registrar) (Registrar's signature)

Of autopsy 107

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 E. G. Cape (M. D. or other) \_\_\_\_\_  
Address Hammersville Mo Date signed 3/19

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

79220

50

RECEIVED

District Health Office No. 2,

District File Number 446-510

Date Filed 4-10-46

APR 18 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..... W. H. Howard

Licensed Embalmer No. 3959

P. O. Address..... Leachville Ark.

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.