

U.S. No. 2  
DOM-5-43  
Rev. 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

State File No. 19264

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Nevada

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

(c) Name of hospital or institution:  
Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
Specify whether  
65 Yrs.

In this community 65 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nevada 108

(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 201 S Oak St. 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillian D. Miller

3. (b) If veteran, name war No.

3. (c) Social Security No. 500-01-0798

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th -  
year 46 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from 8 May  
1946, to 12 May 1946,  
that I last saw her alive on 12 May 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 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 June 10, 1871  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 4 days

Due to Hypertension, cause unknown ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 74 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sales work

11. Industry or business Moores Drygoods

12. Name Henry Keller

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Estelle McLean

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

16. (a) Informant Family Bible

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof May 15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Editha Zenzel

(b) Address Nevada Mo.

19. (a) May 12, 1946 (b) Wathyn Jansuy  
(Date received local registrar) (Registrar's signature)

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

Of autopsy 430

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 Thos W. Kearsney (M. D. or other) M.D.

Address Nevada Mo. Date signed 14 May 46

18141  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 5-46-526

Date Filed 6-6-46

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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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.