

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27882

FILED SEP 3 1946
Registration District No. 248

Primary Registration District No. 5842

Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Racine 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 18 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Racine
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca J. Milam
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1946 hour 10 minute 27 P.M.
21. I hereby certify that I attended the deceased from April 5, 1946, to Apr. same day; that I last saw him alive on Apr. 5 1946; and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer B. Milam 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 18 1878
(Month) (Day) (Year)

Immediate cause of death Tuberculosis
Duration unknown

8. AGE: Years 68 Months 2 Days 16 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation House wife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Unknown
(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 Mrs. Opal Pearson

(b) Address 2217 Barlam, Joplin Mo.

17. (a) Burial (b) Date thereof 7-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bea Thigpen Cemetery

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

(b) Address Seneca Mo.

19. (a) July 31 - 46 (b) Nitie Norris
(Date received local registrar) (Registrar's signature)

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? 2

While at work? _____ (Specify type of place) (Specify if M. D. or other)

23. Signature John B. Roberts (M. D. or other) DO

Address Seneca Mo. Date signed 7-30-46

22 b (Licensed Embalmer's Statement on Reverse Side)

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

26

RECEIVED

Health Officer No. *Reun*
District File Number *746-102*
Date Filed *AUG 2 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.....

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.

Registration District No. 248

Primary Registration District No. 5842

1. PLACE OF DEATH: Newton
 (a) County Newton
 (b) City or town Rural
 (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

3. (a) PRINT FULL NAME Rebecca J. Milam
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6
 (Month) (Day) (Year)

8. AGE: 68 Years Months Days If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept Day 2 Year 1946 Hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death: Tuberculosis

Due to Submucous Tuberculosis (Lungs)
 Due to _____
 Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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 John B. Roberts (M. D. or other) DO
 Address Merical Ave Date signed 9-20-46

Duration 3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

2672

27882