S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 338915

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9958

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(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 Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 106 Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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NR
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3. (a) PRINT FULL NAME Thenia Harris Miller

3. (b) If veteran, name war No

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 Joe Miller

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May (Month) 19 (Day) 1863 (Year)

8. AGE: Years 83 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ben F. Harris
(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 21 1946 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Nov 11, 1946 to Nov 16, 1946 that I last saw h. alive on Nov 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to Diabetes Mellitus	—
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A M Frank (M. D. or other) MD
Address 3657 Franklin Av Date signed Nov 16 1946

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.