S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3648

State File No. 1957

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Nodaway

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

(c) Name of hospital or institution: 505 East 1st Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 3 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74

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

(d) Street No.: 505 East 1st., 2
(If rural, give location) 0

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

If yes, name country: None

3. (a) PRINT FULL NAME: Clarana Miller

3. (b) If veteran, name war: ..... 3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: John W. Miller (Deceased)

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

7. Birth date of deceased: April (Month) 12, (Day) 1866 (Year)

8. AGE: Years 80 | Months 9 | Days 10 | If less than one day: - - - - hr. - - - - min.

9. Birthplace: (City, town, or county) ..... Iowa 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Mathias Davis 2

13. Birthplace: (City, town, or county) Canada (State or foreign country)

14. Maiden name: Mary Ann Bauk

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

16. (a) Informant: Mrs. Etta Henderson 1

(b) Address: Scotts Bluff, Nebr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: 120 E. 1st, Maryville, Mo.

19. (a) 1-22-47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd. year 1947 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 4, 1946, to Jan 22, 1947 that I last saw him alive on Jan 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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: 0

23. Signature: H. M. Hallis (M. D.)

Address: Maryville Mo Date signed 1-22-47

(Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.