

Form 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. _____

FILED MAR 14 1947

Registration District No. _____

Primary Registration District No. 5074

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
7 1/2 miles NW of St. Joseph
(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 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 7 1/2 miles NW Of St. Joseph, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Gertrude Agnes Miller

3. (b) If veteran, name war none

3. (c) Social Security No. 491-10-0308

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1947 hour 5 minute 15P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Charles W.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 14 1897
(Month) (Day) (Year)

that I last saw h. _____ alive on did not attend, 19____; and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Suicide by strangulation

Duration _____

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

Due to _____

Due to _____

Other conditions 164A
(Include pregnancy within 3 months of death)

10. Usual occupation cashier

11. Industry or business S.S. Kresge Co.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Simpson Mosteller

13. Birthplace unknown Penn
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe E. Richy

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles W. Miller

(b) Address RR. 2 St. Joseph, Mo.

17. (a) burial (b) Date thereof 3/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Hester - Bowman

(b) Address St. Joseph, Mo.

19. (a) 3-8-47 (b) Lillian Sp...
(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) Suicide

(b) Date of occurrence March 3rd 1947

(c) Where did injury occur? At Home - 7 1/2 mi NW of Andrew, Mo.
(City or town)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury Hanging

23. Signature P. P. Kelley
Address Savannah - Mo. Date signed 3/14/47

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

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Joseph, 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.