

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20026

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2
(c) City or town Savannah (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Catherine Miller

3. (b) If veteran, name war VA 3. (c) Social Security NO. ✓

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John I. Miller 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 30 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Collier

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

14. Maiden name Mary Kelley

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

16. (a) Informant Mr. John I. Miller

(b) Address Savannah, Mo.

17. (a) Burial (b) Date thereof June 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director Morris Atkinson

(b) Address Savannah, Mo.

19. (a) 6-20-47 (b) Lillian J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour 2:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from March 13
1947 to June 12 1947
that I last saw her alive on June 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon. Sarcematosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 46 E

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? 0

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

23. Signature Lillian B. Kelley (M., D. or other) MD

Address Savannah, Mo. Date signed 6/17/47

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 22 1947

DISTRICT HEALTH OFFICE
Capehart, 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 G M Atcherson

Licensed Embalmer No. 2379

P. O. Address Savannah 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.