

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24954**

Registration District No. **251**

Primary Registration District No. **4372**

Registrar's No. **139**

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

1. PLACE OF DEATH:
(a) County Nodeaway
(b) City or town Burlington Jct
(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 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eve Miller
3. (b) If veteran, name war: 35 31
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 8 years 1882
7. Birth date of deceased Oct 8 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James Miller
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mattie Wilson
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Charles Miller
(b) Address Burlington Jct., Mo

17. (a) Burial (Burial, cremation, or removal) Date thereof July 4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Quitman, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Burlington Jct, Mo

19. (a) July 12, 1947 (Date received local registrar) (b) Beas Holt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodeaway **74**
(c) City or town Burlington Jct (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1947 hour 17:25 minute P. M.

21. I hereby certify that I attended the deceased from July 1 1947 to July 1 1947;
that I last saw her alive on July 1 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastroenteritis Duration 24 hrs.
Due to ate a large amount of strawberries for supper - slightly spoiled due to heat
Due to Weather.

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

Major findings: Of operations [Signature] Of autopsy _____
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 [Signature]

23. Signature E. E. Wallace D.D. (M. D. or other) Address Burlington Jct, Mo Date signed 7-2-47

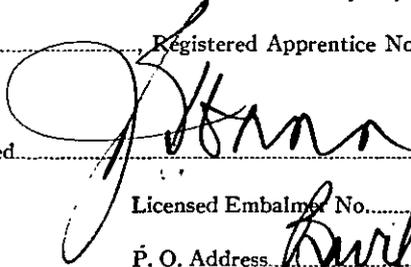
**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... 

..... Licensed Embalmer No. 2265

..... P. O. Address. Burl. Jet 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.