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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB. 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5361**
Registrar's No. **14**

Registration District No. _____ Primary Registration District No. **2035**

ENCLOSED /
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
FEB 13 1948

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Lexington
 (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 life years, months or days

3. (a) PRINT FULL NAME Mary Miller

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

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Sept 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>		hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Henry Brown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Kathleen Brown
 15. Birthplace Lexington Ky (City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Mr. Jackson Miller
 (b) Address 1208 E. 23 St. Kansas city Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
 (c) Place: burial or cremation Lexington Mo
 18. (a) Signature of funeral director Green Brown
 (b) Address Lexington Mo
 19. (a) 12 February (Date received local registrar) (b) Wm. E. Eubank (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
 (c) City or town Lexington 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2604 South St 2
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7 Jan - 45
1945 to 8 Feb - 48 1948
 that I last saw her alive on 8 February 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary & Cerebral failure
 Due to Chronic Valvular disease
Myocardium
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

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

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 2/12/48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 18 1948

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 George L. Green

Licensed Embalmer No. 4520

P. O. Address Lexington, 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.