S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7526

Registration District No. 327 Primary Registration District No. 6111 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce Rural Commerce Twp
(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 years, months or days)
In this community Ahh of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Commerce Rural
(If outside city or town limits, write "RURAL")
(d) Street No. On Hiway Between Illmo & Commerce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Susan Isabel Miller
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George W Miller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3 (Day) 1858 (Year)
8. AGE: Years 89 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Commerce (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name David Spradlin
13. Birthplace (City, town, or county) S.C (State or foreign country)
MOTHER 14. Maiden name Myriam Adaline Sanders
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Jesse Miller
(b) Address Illmo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wightner Memorial Illmo Mo
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Mrs Addie Held (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 16 day year 1948 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Died without medical attendance 19 ; that I last saw h. alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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
23. Signature (M. D. or other) M. D.
Address Illmo Mo Date signed 1-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 348-315
Date Filed 3-4-48

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 Oliver C Amick, Registered Apprentice No. 455, working under my personal supervision.

Signed Mamie Bispling hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.