

S. No. 2
M-5-43
7-5-17-39
P 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8005
State File No.
Registrar's No. 9

Registration District No. 44 Primary Registration District No. 4061

1. PLACE OF DEATH: Caldwell
(a) County Caldwell
(b) City or town Braymer, (Davis Twn.)
(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 45 yrs (Specify whether years, months or days)
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Braymer, Rural 3
(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.

3. (a) PRINT FULL NAME Maggie Ann 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 married
6. (b) Name of husband or wife Jesse Miller 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 10th, 1902 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 8th year 1948 hour 12 minute 45 a.m.
21. I hereby certify that I attended the deceased from March 7, 1948, to March 8, 1948; that I last saw her alive on March 8, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 4 Days 28 If less than one day hr. min.

Immediate cause of death Cerebral Thrombosis Duration 2 days
Due to
Due to
Other conditions Brochopneumonia 1 week
(Include pregnancy within 3 months of death)

9. Birthplace Braymer, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings:
Of operations
Of autopsy 107
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name James D. Ditmars
13. Birthplace Lathrop, Mo (City, town, or county) (State or foreign country)
14. Maiden name Julia Ann Heath (City, town, or county) (State or foreign country)
15. Birthplace Lathrop, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dewey Roberts
(b) Address Braymer, Mo
17. (c) Burial (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Blackoak Cem.

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

18. (a) Signature of funeral director Bernard H. Meep
(b) Address Braymer, Mo
19. (a) 3-11-48 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature) 272

23. Signature J. E. Gooding (M. D. or other) 3-9-48
Address Braymer, Mo Date signed

**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

Dernard J. Mead

.....
Licensed Embalmer No. 2801

P. O. Address..... **Braymer,**

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.