DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25327

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 239

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lewis
(c) City or town: RURAL (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

56 0 0 1

3. (a) PRINT FULL NAME: GEORGIA LORAINE MILLER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Miller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 20 (Day) 1914 (Year)

8. AGE: Years 34 | Months 6 | Days 10 | If less than one day: hr. min.

9. Birthplace: Lewis Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Homer G. Lay
FATHER 13. Birthplace: Lewis Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Mata Tompkins
MOTHER 15. Birthplace: Lewis Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: James Miller
(b) Address: Canton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Benjamin Mo.
18. (a) Signature of funeral director: Earl H. Barkley
(b) Address: Canton Mo.
19. (a) 8-16-48 (Date received local registrar) (b) Mata Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from 7-20-48, 19..., to 7-30, 1948; that I last saw her alive on 7-30-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
UREMIA	
Due to: TOXEMIA OF PREGNANCY	
Due to: POOR RENAL RESERVE	
Other conditions: SEE BELOW (Include pregnancy within 3 months of death)	

Major findings: Of operations: CLASSICAL CESAREAN SECTION — DELIVERY PREMATURE INFANT 7-25-48
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: Earl Laughlin M.D. (M.D. or other)
Address: Kirksville Mo. Date signed: 8-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 8:48:14
Date Filed AUG. 23 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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.