

FILED OCT 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29255

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
629 Adams Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Cora Miller

3. (b) If veteran, name war _____ 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 Ralph Miller 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 19 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alfred Huddleston

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

14. Maiden name Martha Ross

15. Birthplace Jefferson City, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Miller

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-30-1948 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gorman

(b) Address Jefferson City, Missouri

19. (a) 10-1-48 (Date received local registrar) (b) R. P. Derris MD (Registrar's signature)
Anna Richter (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 629 Adams Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1948 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 24 1948, to Sept 28 1948; that I last saw her alive on Sept. 28 1948; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction

Due to _____

Due to _____

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

Major findings: Of operations GYN

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature H. O. Loyd, M.D. (M. D. or other)

Address 425 Madison St. Date signed 9/29/48

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 8 1948

DEC 22 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 *Ray J. Jordan*
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City, 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.