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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Kinded

State File No. 35862

Primary Registration District No. 3010

Registrar's No. 351

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ days (Specify whether years, months or days)
In this community: 2½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid 72
(c) City or town: Rural, Portageville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____ 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Ann Mae Miller
3. (b) If veteran, name war: x
3. (c) Social Security No.: x

4. Sex: Female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: infant 0
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: April 15, 1948 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	6	14	____ hr. ____ min.

9. Birthplace: Jay Wye, (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation: infant
11. Industry or business ____

FATHER
12. Name: J. W. Miller 0
13. Birthplace: Caruthersville, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Evelyn Cummings 0
15. Birthplace: Stoddard Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: J. W. Miller
(b) Address: Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo.
18. (a) Signature of funeral director: DeLisle Funeral Parlor
(b) Address: Portageville, Mo.
19. (a) 11-15-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 29
year: 1948 hour: 7 minute: 00 A.M.
21. I hereby certify that I attended the deceased from 27 Oct, 1948 to 29 Oct 1948 that I last saw her alive on 28 Oct 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BRONCHOPNEUMONIA	2 wks.
Due to: PERTUSSIS	3 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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) 0
While at work? ____ Means of injury ____
23. Signature: J. A. Kinder (M. D. or other) MD
Address: Cape Girardeau Date signed: 8 NOV.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FIVED

th Officer No. 4

1148-142

11-22-48

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.