

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1943
Registration District No. 37

Primary Registration District No. 5210

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Carrroll *Stokes M. Top*

(b) City or town TINA *RFD#*

(c) Name of hospital or institution:
Home 1/2 Miles North Tina

(d) Length of stay: In hospital or institution _____
In this community many years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HATTIE E. MILLET

3. (b) If veteran, name war _____

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1942 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 8, 1942 to Dec. 5, 1942 that I last saw her alive on Dec. 2, 1942 and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Barnett Miller 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March 27, 1860 (Month) (Day) (Year)

Immediate cause of death Cancer of uterus Duration 3 years

8. AGE: Years 82 Months 8 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Bloomington Ill (City, town, or county) (State or foreign country)

10. Usual occupation farm wife

11. Industry or business housekeeper

12. Name Stephen Green

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

14. Maiden name Susan Green

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha M. Ferrell

(b) Address Tina Missouri

17. (a) Burial (b) Date thereof 12/6/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Wagon

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina Missouri

19. (a) Dec. 6 1942 (b) Mrs. Edgar Smith (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Dr. Edward L. Smith (M. D. or other) 12/6/42

Address 116 1/2 Main, Carrollton, Mo. Date signed _____

1048

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-8-43

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

Clifford W Austin

Registered Apprentice No. ~~3255~~

working under my personal supervision.

Signed

Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address

Texas, Missouri

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.