

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

43647  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 408  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. 226  
 (c) City Carthage (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 603 Central St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF H. B. Rowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1892

7. AGE YEARS 47 MONTHS 7 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Saroske (STATE OR COUNTRY) Missouri

FATHER 13. NAME William F. Miller

14. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Anna Heltzel

16. BIRTHPLACE (CITY OR TOWN) Belfast County (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) H. B. Rowe  
603 Central - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Cemetery DATE Dec. 4, 1939

19. FUNERAL DIRECTOR (NAME) Kneel Mortuary (ADDRESS) Carthage, Mo.

20. FILED Dec. 4, 1939 E. J. McEntire, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to Dec 1, 1939  
 last saw her alive on Dec 1, 1939 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagica Purpura Date of onset May '39  
2ndary anemia from hemorrhage from all mucous membranes

Other contributory causes of importance:

none 70h

Name of operation none Date of: \_\_\_\_\_

What test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury h

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) George H. Wood, M. D.

(Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-127

Date Filed JAN 9 1940

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed

*Ernest R. Stuebel*

Licensed Embalmer No. 391

P. O. Address *Carthage*

**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, above space should be left blank.**