

No. 2
13-40
17-39
X23159

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Cape
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1940 hour 2:25 minute 01 M.

21. I hereby certify that I attended the deceased from Oct 28
1940 to Nov 13, 1940
that I last saw h in alive on Nov 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Enterocolitis

Due to 107 W
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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?
121 (Specify type of place)
While at work? (e) Means of injury
23. Signature George W. Miller (M. D. or other)
Address Cape Girardeau Date signed 11/13/40

3. (a) PRINT FULL NAME John Carl Miller
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased July 11 1927
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name Henry H. Miller
13. Birthplace Jonestown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Estella R. Gardner
15. Birthplace Asotown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Miller
(b) Address Cape. Fed Mat. Co.
17. (a) Burial (b) Date thereof 11/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director L. L. Haman
(b) Address 107 S. Spring Ave.
19. (a) 11-13-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

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

FILED DEC 13 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

....., Registered Apprentice No. 1

..... working under my personal supervision.

Signed

Lyman H. Spunkle

Licensed Embalmer No. 4013

P. O. Address *Cape Girardeau*

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.