

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH18455  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Monticame Registration District No. 571  
 (b) Township Walker Primary Registration District No. 41335 Registered No. 29  
 (c) City California or (d) Street No. 1  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Sophia Melheusa Miller  
 (a) Residence, No. \_\_\_\_\_ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Miller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1860  
 7. AGE YEARS 80 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 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) (STATE OR COUNTRY) Cooper Co. Mo  
 FATHER 13. NAME Jacob Eder  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Margaret Boser  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Joseph H. Miller California Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE 5/9 1941  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Friedman California Mo  
 20. FILED 5-8-1941 T. R. Popejoy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1941

22. I HEREBY CERTIFY That I attended deceased from

Jan 20 1941 to May 6 1941I last saw her alive on May 5 1941 Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

Apoplexy  
Date of onset

Other contributory causes of importance:

Arterio Sclerosis  
6 yrs duration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1941

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 \_\_\_\_\_

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

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

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

(Signed) L. L. Lathan M. D.(Address) California Mo

**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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California

**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.**