

BUREAU OF THE CENSUS  
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31852  
State File No. \_\_\_\_\_  
Registrar's No. 13

Registration District No. 426

Primary Registration District No. 4252

1. PLACE OF DEATH

(a) County Johnson  
(b) City or town Chilhowe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1941 hour 11:30 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Sept 12  
12:00 1941 to Sept 14 1941  
that I last saw her alive on Sept 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hypostasis  
Due to Myocardial degeneration

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature G. M. Kendall (M. D. or other)  
Address Chilhowe Mo Date signed 9/17/41

Duration

PHYSICIAN

Underline the cause to which death was charged statistically.

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

3. (a) PRINT FULL NAME Missouri J. Miller

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife W. R. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug-16-1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 28 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

9. Birthplace Chillicothe Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Jas. Alvin

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

14. Maiden name Jessie Cravette

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

16. (a) Informant Ms. Ellie Wilson

(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-16-1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo

19. (a) Sept 15-41 (Date received local registrar) (b) G. M. Kendall (Registrar's signature)

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-13-41

**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.....

*J.W. Cook*, Registered Apprentice No. *303*  
working under my personal supervision.

Signed *O. L. Cook*

Licensed Embalmer No. *2708*

P. O. Address *Chilhowee, Mo.*

**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.**