No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6347

FILED MAR 16 1942

Registration District No. 201 Primary Registration District No. 4-22-5 391 Registrar's No. 6

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town LIFETIME RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24

(c) City or town SMITHVILLE. MO. R.F.D. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EMMA MILLER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DANIEL P. MILLER

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased JUNE (Month) 18. (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace CLINTON CO. (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business FARM

MOTHER FATHER

12. Name THOMAS THORPE 0

13. Birthplace CLAY CO. (City, town, or county) MO. (State or foreign country)

14. Maiden name ELIZA JOHNSON

15. Birthplace CLINTON CO. (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant D.P. MILLER

(b) Address SMITHVILLE. MO. R.F.D.-

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-5-'42 (Month) (Day) (Year)

(c) Place: burial or cremation PARADISE. MO.

18. (a) Signature of funeral director MCCOMAS MORTUARY

(b) Address SMITHVILLE. MO.

19. (a) Feb 7-1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day FEB year 1942 hour 3: p.m. minute ..... M.

21. I hereby certify that I attended the deceased from Nov 27, 19 39 to Feb 3, 19 42 that I last saw him alive on Jan 27, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis of the Lungs	about 6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13 b'	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J.F. Rupe 0 (M. D. or other)

Address Smithville Mo. Date signed 2/4/42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-42

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 S. A. McDonald

Licensed Embalmer No. 2303

P. O. Address Smithville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.