V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5707

Registration District No. 55 Primary Registration District No. 5199 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town ~~Tina,~~ rural Van Horn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Earn Miller home 2 m. SE Tina.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll

(c) City or town Rural Tina, Mo. Van Horn Twp
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MINNIE MILLER

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased Septe,ber 14th 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	20	..... hr. ..... min.

9. Birthplace Carroll County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business .....

FATHER
12. Name C.F. Miller,
13. Birthplace ..... Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Carlson,
15. Birthplace ..... England
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Miller,
(b) Address Tina, Mo. RFD

17. (a) Burial (b) Date thereof Feb. 6th, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vanhorn C. SW Tina.

18. (a) Signature of funeral director Clifford W. Austin,
(b) Address Tina, Missouri.

19. (a) 2-6-45 (b) Mrs James Raffety
(Date received local registrar) (Registrar's signature)

1053

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day February
year 1945. hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan. ....., 1945, to Feb. 4, 1945;
that I last saw her alive on Feb. 4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hours
Due to Hypertension	years
Due to	
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?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Ernest L. Smith (M. D. or other) R.O.
Address 41 So. Main, Carrollton, Mo. Date signed 2/4/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 8,
File Number
Date Filed 3-12-45

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.