

FILED AUG 21 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 48

Registration District No. 210
Primary Registration District No. 43225773

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community all her life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Princeton, Mo
(If outside city or town, "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. no

3. (a) PRINT FULL NAME Martha A. Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1946 hour 10 minute 30 P.M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife G. W. Miller 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased: March 17, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1
1946 to 23 July, 1946
that I last saw her alive on 23 July, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of Large Intestine - Duration 6 mo -

9. Birthplace Mercer Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Due to _____

Due to _____

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Rev. William A. Loe

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

14. Maiden name Sarah Horn

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

Major findings: Carcinoma of Transverse Colon

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr G. W. Miller

(b) Address Princeton, Mo

17. (a) burial (b) Date thereof July 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 7-25-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 21

23. Signature A. C. Snyder (M.D. or other) DO
Address Princeton Mo - Date signed 24 July 46

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

26630

**DISTRICT HEALTH OFFICE
Cameron, 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Will Mass

Licensed Embalmer No. 2634

P. O. Address Unionton 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.