

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16465

State File No.

FILED JUN 10 1947

Registration District No. 9

Primary Registration District No. 5707

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Benton
 (b) City or town Rural, West White Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route # 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 4, Windsor
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINTED FULL NAME Mrs. Rosetta Parker Miller
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Fe / 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Richard Warren Miller
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 26 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 6
 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {
 12. Name Philip Parker
 13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Jackson
 15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Miller
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Year)
 (c) Place: burial or cremation Benton County, Missouri

18. (a) Signature of funeral director Huston Turner
 (b) Address Windsor, Missouri

19. (a) 5-30-1947 (b) E. E. Eckert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1947 hour 4:15 a m minute _____ M.

21. I hereby certify that I attended the deceased from 4-1
 1946 to 5-2 1947
 that I last saw her alive on 4-4 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
 Duration 9
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations 61
 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? 0

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Ray B. Jordan (M. D. or other) _____
 Address Windsor, Missouri Date signed 5-3-47

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

RECEIVED
District Health Officer No. 7,
District No. 5-47-698
District Site Number 5-9-47
Date Filed

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.....

William M. Turner

Registered Apprentice No. *470*

working under my personal supervision.

Signed.....

Edwin Hurst

Licensed Embalmer No. *3391*

P. O. Address.....

Windsor, Ma

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.