. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

34855

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 158 Primary Registration District No. 5590 Registrar's No. 197

1. PLACE OF DEATH:

(a) County Jefferson.

(b) City or town Rural, Grubville, #2.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route, 2, Grubville, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson. 50

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Grubville, Route #2
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Margaret Miller.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife K.W. Miller.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 20 (Day) 1875 (Year)

8. AGE: Years 72 Months 3 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name John Brown. 9
13. Birthplace Not Known. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pheobia Evens
15. Birthplace Not Known. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Lottie Hechler
(b) Address 6411 Blow St St Louis

17. (a) Burial, cremation, or removal (b) Date thereof 9-3-47 mo (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director J. Lee Motherhead
(b) Address Ile Soto, Mo.

19. (a) 9/18/47 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Natural Causes.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

200A

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? X
(Specify type of place)

While at work? (e) Means of injury

23. Signature Kathleen Marsden (M. D. or other) Registrar
Address Hillsboro Mo. Date signed 9/31/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 3 1947
Date Filed

Pictured Examiner

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.