

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1948

Registration District No. 86

Primary Registration District No. 4149

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution:
Name of Hazel Chapman, Cuba, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 8 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Cuba, Mo.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: JOSEPH MARRION MILLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from
Jan 1 1948, to Jan 9 1948;
that I last saw him alive on Jan 7 1948;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 8 1866
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction Duration 1 day

Due to Carcinoma of stomach 1 yr.

Due to Cause unknown

8. AGE: Years 81 Months 9 Days - If less than one day _____ hr. _____ min.

9. Birthplace: Crawford County, Cuba, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46 B

Of autopsy _____

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

11. Industry or business: Farming

12. Name: Mr. Jackson Miller

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

14. Maiden name: Emily Eaton

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

16. (a) Informant: Mrs. Hazel Chapman

(b) Address: Cuba, MO

17. (a) Death Certificate (b) Date thereof: Jan 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Death Certificate, Brandon, Mo.

18. (a) Signature of funeral director: J. H. Shanklin

(b) Address: Cuba, MO

19. (a) 1-7-48 (b) Paul A. Shanklin
(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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature: F. G. Udess (M. D. or other) MD
Address: Cuba, Mo. Date signed: 1-9-48

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

No. 2
8-43
17-30
X37823

X

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.....

James R. Chapman, Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Frankel*

Licensed Embalmer No. *3472*

P. O. Address *Quebec, Me.*

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.

Registration District No. 66 Primary Registration District No. 4149

1. PLACE OF DEATH:
(a) County Campbell
(b) City or town Cuba
(c) Name of hospital or institution?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. Miller
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____
alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April
(Month) (Day) (Year)
8. AGE: Years 81 Months _____ Days _____
(If less than one day) _____ hr. _____ min.
9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

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.

MOTHER FATHER
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Harold Proff
(b) Address Cuba, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1948
(Month) (Day) (Year)
(c) Place: burial or cremation North Park
18. (a) Signature of funeral director Franklin Fernald
(b) Address Cuba, Mo.

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

19. (a) 1-7-48 (Date received local registrar)
(b) Frank A. Proff (Registrar's signature)

SUPPLEMENTARY

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

S-637