

S. No. 2  
M-8-43  
5-17-39  
X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8288

FILED APR 8 1948

Registration District No. 73

Primary Registration District No. 4154

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Greenfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Smith Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 yrs  
(Specify whether Native)  
In this community Native  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29  
(c) City or town Greenfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Margarette Milker

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 11-3-1852  
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 19  
If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

12. Name Abraham Milker

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

14. Maiden name Unknown

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

16. (a) Informant Virginia Finney  
(b) Address Northworth Mo.

17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scymore

18. (a) Signature of funeral director Max Finney  
(b) Address Milker Mo.

19. (a) 3-9-48 (b) Geo. R. Weir  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22  
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2/21/48  
19— to 2/22/48 19—;  
that I last saw her alive on 2/22/48 19—;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation?  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950  
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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature A. R. Cain M.D. (M. D. or other)  
Address Greenfield Date signed 3/9/48

RECEIVED

District Health Officer No. 6,

District File Number 348-312

Date Filed March 31 1948

---

---

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.