

FILED JUN 6 1944

State File No.

Registration District No. 234

Primary Registration District No. 8046

Registrar's No. 181

1. PLACE OF DEATH:
(a) County. Moniteau Co.
(b) City or town. California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Six Weeks
(Specify whether
In this community _____
years, months or days)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name James Durham

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

14. Maiden name Sarah Hickam

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

16. (a) Informant Angie Miller Price

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof May 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt. California

18. (a) Signature of funeral director Paulin Funeral Home

(b) Address California

19. (a) 5-24-44 (b) R. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Centertown, Mo. 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. Centertown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from march
9, 1944 to May 23, 1944
that I last saw him alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Uterus 1 yr
Duration

Due to Cause unknown

Due to _____

Other conditions H&F

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Carcinoma of Uterus

Of autopsy _____

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 _____ (e) Means of injury 0

23. Signature L. L. Latham (M. D. or other) M.D.

Address California, Mo Date signed 5/23/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-44

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 Earl R. Boudin

Licensed Embalmer No. 2126

P. O. Address Calistoga, 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.