

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28825

State File No. _____

Registrar's No. 116

Registration District No. 24

Primary Registration District No. 230-465742

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town Rural Walker Tn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California, Mo. / Rt #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 Life
years, months or days)

3. (a) PRINT FULL NAME Emma Bertha Miller

3. (b) If veteran, name war No 3. (c) Social Security No. No

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 _____

7. Birth date of deceased Oct. 16 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 14 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Andrew Miller

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

14. Maiden name Mary Schlupp

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

16. (a) Informant Emmanuel Miller

(b) Address California, Mo. Rt. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Evan Cemt

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

(b) Address California, Mo

19. (a) 9-5-43 (b) A. J. Jaller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. California, Mo. Rt #4
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr 20, 1942 to August 31, 1943
that I last saw her alive on Aug 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Dis-ease of coronary artery and angina pectoris
Due to Chronic effect heart rate 16 mos
i.e. Phosphorus nitrate
Due to valve disease (926)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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?

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature J. P. Burke, Jr. M.D. (M. D. or other)
Address California, Mo Date signed 9/2/43

Duration

fast
minutes

16

mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. Boulton

Licensed Embalmer No. 2126

P. O. Address. California

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.