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JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22602

Registration District No. 934

Primary Registration District No. 6026

State File No. 22602

Registrar's No. _____

1. PLACE OF DEATH

(a) County St. Genevieve County
(b) City or town Osage
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve
(c) City or town Country (on farm)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? U.S.A. years.

3. (a) PRINT FULL NAME Nellie Miller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John B. Miller 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct. 28, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Card of Home

11. Industry or business Card of Home

MOTHER FATHER

12. Name Adam Newberger

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

14. Maiden name Rayne Wigger

15. Birthplace Washington County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Miller

(b) Address Hampton #4

17. (a) burial (b) Date thereof July 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? Grave, Mo.

18. (a) Signature of funeral director C. J. Berger

(b) Address Osage, Missouri

19. (a) July 8, 41 (b) Rev. J. J. ...
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 26, 1941, to July 1, 1941, that I last saw h. or alive on July 1st, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to Unknown
Due to 12/18

Other conditions Cystitis with retention
(Include pregnancy within 3 months of death)

Major findings: As above
Of operations _____
Of autopsy None

Duration

Month

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? _____

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

23. Signature T. C. ... M.D. (M. D. or other) _____
Address Bonne Terre Date signed 7/6

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

AUG 27 1941

AUG 29 1941

SEP 8 1951

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 C. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Wesley

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.