S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14491

Registration District No. [redacted] 21 1942

Primary Registration District No. 5545

Registrar's No. 4

1. PLACE OF DEATH:

(a) County IRON

(b) City or town Viburnum Rural
(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

In this community 74 yrs 10 mo 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON

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

(d) Street No. 4 mi EAST of Les Arc
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA EVALINE 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 JAY L. MILLER

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

7. Birth date of deceased MAY (Month) 14 (Day) 1867 (Year)

8. AGE: Years 74 | Months 10 | Days 22 | If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business —

MOTHER FATHER

12. Name SAMUEL KING

13. Birthplace IRON Co (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name HESTER CRAVENS

15. Birthplace IRON Co MO (City, town, or county) (State or foreign country)

16. (a) Informant MAUDE HICKMAN

(b) Address Rural (Viburnum)

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 1942 (Month) (Day) (Year)

(c) Place: burial or cremation 4 mi East of Les Arc

18. (a) Signature of funeral director [illegible]

(b) Address [illegible]

19. (a) 4-22-42 (Date received local registrar) (b) Virginia P. Miller (Registrar's signature)

1285

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6th year 1942 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from March 1, 1942 to April 6, 1942 that I last saw h[illegible] alive on April 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonal edema	
Due to:	
Due to:	
Other conditions: arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1 52

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. S. Adams (M. D. or other)

Address Pleasant Grove, Iowa, Date signed 4-10-42

(Licensed Embalmer's Statement on Reverse Side)