

MAY 15 1940 997
Registration District No. _____

Primary Registration District No. 6238

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Gladlen Twp
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
Gladlen twp
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXX years

3. (a) PRINT FULL NAME Helen Mary Miller

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowe

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

7. Birth date of deceased 11/15/1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>1</u>	br. _____ min.

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

10. Usual occupation housewife

11. Industry or business XXX 9

12. Name Jim Wilson 9

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

14. Maiden name XXX XXX

15. Birthplace XX XX9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Max Heubert
(b) Address Jadwin Mo

17. (a) Burial (b) Date thereof 4/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jadwin Cem

18. (a) Signature of funeral director Carl V. Spencer
(b) Address Salem Mo

19. (a) April 17/1940 (b) Mrs. Etta Mose
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-22-40, 1940, to 4-16-40, 1940;
that I last saw her alive on 3-30-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia
Due to influenza

Due to 11/16
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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 Joe D. Heubert (M. D. or other) DO
Address Salem, Mo Date signed 4-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

RECEIVED

District Health Officer No. 5.

District File Number 540 521

Date Filed 5.10.40

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.