

WRITE IN PLAIN INK—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.

Registration District No. **422** Primary Registration District No. **4285** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **Lawrence**  
 (b) City or town **Stotts City**  
(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 **50 years.**  
years, months or days

**3. (a) PRINT FULL NAME** **Nannie A. Miller** **460**  
**3. (b) If veteran,** name war **old age pension** **3. (c) Social Security** **NONE**

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

**6. (b) Name of husband or wife** **Sherman Miller** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **Aug. 9, 1866**  
(Month) (Day) (Year)

**8. AGE:** Years **73** Months **9** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Creelsburg Ky.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Sandy Bybee**

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

**14. Maiden name** **Barbara Barber**

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

**16. (a) Informant's own signature** **John Miller,**

**(b) Address** **Carthage, Mo.**

**17. (a) Burial** **(b) Date thereof** **6-1-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Union Cemetery**

**18. (a) Signature of funeral director** **Ed. C. Ulmer**

**(b) Address** **1208 Garrison, Carthage, Mo.**

**19. (a) 5-30-40** **(b) Theo. H. Powell**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Lawrence**  
 (c) City or town **Stotts City, Mo.**  
(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. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **30**  
 year **1940** hour **2:** minute **00P.** M.

**21. I hereby certify that I attended the deceased from** **May 9,** 19**40** to **May 30,** 19**40**  
 that I last saw her alive on **May 11,** 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **1 year.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) **no**  
 (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? **no**

**423** **(Specify type of place)**  
 While at work? \_\_\_\_\_  
 (a) Means of injury \_\_\_\_\_

**23. Signature** **San J. Silsky** **(M. D. or other)** **MD**  
 Address **Int. Vernon** Date signed **6/1/40**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

District File Number 640-1436

Date Filed JUN 20 1940

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 *E. E. E. E. E.*

Licensed Embalmer No. 2222

P. O. Address Carthage

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.