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

State File No. _____

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Shelbina
 (c) Name of hospital or institution: So. Center St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby
 (c) City or town Shelbina
 (If outside city or town limit write "RURAL")
 (d) Street No. So. Center St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Roberta Miles 420
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 27
 year 1940 hour 4 minute 30A M.

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 alive _____ years

21. I hereby certify that I attended the deceased from March, 1940 to June 27, 1940:
 that I last saw her alive on June 23, 1940:
 and that death occurred on the date and hour stated above.

7. Birth date of deceased November 1st 1856
 (Month) (Day) (Year)

Immediate cause of death myocarditis
 Due to Senile arterio-sclerosis
 Duration Several years

8. AGE: Years Months Days If less than one day
83 7 27 hr. _____ min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) 93C

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

10. Usual occupation House work

11. Industry or business _____

12. Name J. B. Miles

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

14. Maiden name Martha Ann Adams

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

16. (a) Informant Williams Miles
 (b) Address Shelbina Mo.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof June 29/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 3444 I.O.O.F. Shelbina Mo.

18. (a) Signature of funeral director Million & Barkleew
 (b) Address Shelbina Mo.

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? _____

19. (a) Juday 9-40 (b) Ruth Jayner
 (Date received local registrar) (Registrar's signature)

23. Signature J. L. Furrish (M. D. or other) !
 Address Shelbina, Mo. Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 8-40-16-28

Date Filed AUG 10 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

Henry A. Barfield

Licensed Embalmer No.

3835

P.O. Address

Shelburne, Md

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.