

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

Registration District No. 886 Primary Registration District No. 5914 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Curdsville
(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: 2 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary E. Miller
3. (b) If veteran, name war: WWI
3. (c) Social Security No.

4. Sex: F
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife: Harold E. Miller
6. (c) Age of husband or wife if alive: 1851 years
7. Birth date of deceased: May 27 - 1851 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 3 Days: 9 If less than one day hr. min.

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

10. Usual occupation: Housekeeping

11. Industry or business:
12. Name: Levi Buzt
13. Birthplace: Ky
14. Maiden name: Do not know
15. Birthplace: g

16. (a) Informant: Mr. H. W. Winters
(b) Address: W. Washburn MO

17. (a) Date: Sept 9 (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation: Undeclared MO

18. (a) Signature of funeral director: W. W. Winters
(b) Address: Washburn MO

19. (a) Date received local registrar: Sept 9 1940 (b) Registrar's signature: Gene E. Heald

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Curdsville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural (South of Curdsville)
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 79 years

20. DATE OF DEATH: Month: Sept 7 day: 7th year: 1940 hour: 4 PM minute: M.
21. I hereby certify that I attended the deceased from June 10, 1940, to Sept 7, 1940, that I last saw her alive on Sept 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis
Duration: 3 days
Due to: Chronic diffuse glomerulonephritis 3 yrs
Due to:
Other conditions: Acute bronchitis 5 yrs
Major findings: Of operations: 121
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? 621
(Specify type of place) (e) Means of injury
23. Signature: Dr. P. L. Marshall (M. D. or other) Do
Address: Curdsville MO Date signed: Sept 10

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.....

Wm. B. Waters

Licensed Embalmer No.....

3331

P. O. Address.....

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.