

Registration District No. **34**

Primary Registration District No. **4197**

41
1
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Harrison**
 (a) County **Harrison**
 (b) City or town **Bethany**
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: **41**
 (a) State **Mo** (b) County **Harrison**
 (c) City or town **Bethany**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **PRUDENCE LUCY MILES**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **31**
 year **41** hour **12:50p** minute _____ M.
 21. I hereby certify that I attended the deceased from **Dec 26th**
 _____, 19**40** to **Jan 22**, 19**41**;
 that I last saw her alive on **Jan 22**, 19**41**;
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 (b) Name of husband or wife **Ben Miles Deceased** 6. (c) Age of husband or wife if alive **4** years
 7. Birth date of deceased **Dec 11 1857**
 (Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **83** Months **1** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Green Co** (City, town, or county) **Paumotu** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **Unknown**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**
 14. Maiden name **Davis**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Mrs. Claud Flint**
 (b) Address **Bethany Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 2 1941** (Month) (Day) (Year)
 (c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Joe E. Wheeler**
 (b) Address **Bethany Mo**

19. (a) **2/3/41** (Date received local registrar) (b) **A. K. Weasling** (Registrar's signature)
By John M. Barber (Licensed Embalmer's Statement on Reverse Side)

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?
309 (Specify type of place)
 _____ While at work? (e) Means of injury _____
 23. Signature **W. F. Boyler** (M. D. or other) **1**
 Address **Bethany Mo** Date signed _____

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bithany Ms.*

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.