

Registration District No. 277

Primary Registration District No. 5525

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural Bonalville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 yrs.
years, months or days

8. (a) PRINT FULL NAME Rebecca Jane Miller

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Phillip Miller 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb. 15 - 1886
(Month) (Day) (Year)

8. AGE: Years 94 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation attorney

11. Industry or business _____

MOTHER FATHER

12. Name Jason Rainey

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Orr

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. W. Miller

(b) Address Franklin mo.

17. (a) Burial (b) Date thereof 2/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonalville mo.

18. (a) Signature of funeral director C. D. Henson

(b) Address Franklin mo.

19. (a) Feb 3 - 1941 (b) Mrs. Elizabeth Chipley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day First
year 1941 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1 - 27, 1941, to 2 - 1, 1941
that I last saw her alive 1 - 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Asphyxia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations None

Of autopsy None

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? 33

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. P. Kitchin (M. D. or other) _____
Address Blauvelt Date signed 2-9-41

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.

RECEIVED
DISTRICT HEALTH OFFICER No. 81
Date Filed 3-12-41
Number

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 H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.