

FILLED JUN 16 1941 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

18429  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Miller Registration District No. 5.6.1  
 (b) Township Olean Primary Registration District No. 3.7.5.5 Registered No. 28 66  
 (c) City Olean (d) Street No. 111 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Miller  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Boyd Miller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1861  
 7. AGE YEARS 79 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo  
 FATHER 13. NAME Joseph Goodman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 MOTHER 15. MAIDEN NAME Mary Linnell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Mrs Clyde Sappington (ADDRESS) California Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Olean Tenn DATE 5/13 19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Friedman California Mo  
 20. FILED 5-14 1941 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1941  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to May 11 1941  
 Last saw her alive on May 10 1941. Death is said to have occurred on the date stated above, at 2:20 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Uremia  
Hemiplegia  
Chronic Int. renal  
Nephritis  
 Date of onset 12/10  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) M. J. Cullen M. D.  
 (Address) 405 Elder St. Mo

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  
Miller County Health Dept.  
County File Number 41-72  
Date Filed 6/11/41

OCT 6 1941

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 *J. E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California 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.