

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(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:

(a) State Mo. (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27<sup>th</sup>  
year 41 hour 2:30 minute a. M.  
21. I hereby certify that I attended the deceased from 9-30-41  
\_\_\_\_\_ 19\_\_\_\_, to 10-27 1941  
that I last saw her alive on 10-25 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
interstitial nephritis Duration 3 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature William G. Atwood (M. D. or other)  
Address Carrollton, Mo Date signed 10/27

3. (a) PRINT FULL NAME Minnie J. Miller  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred R. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 18 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Simon Phillips  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Fred R. Miller  
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 10-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sowell Cem.

18. (a) Signature of funeral director Stanley  
(b) Address Carrollton Mo.

19. (a) 10-28-41 (b) W. G. Atwood  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 8,  
District File Number 11-5-4  
Date Filed

**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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va

**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.**