

Registration District No. 469 Primary Registration District No. 4282

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller Mo.
(c) Name of hospital or institution: W
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community ALL her life (Specify whether
years; months or days)

3. (a) PRINT FULL NAME Timmie Hood
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Kellersch 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased 9 - 12 - 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Barry Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____
12. Name of William Black
13. Birthplace Barry Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Owens
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zella Eubanks
(b) Address Miller Mo.
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Morris Leitman
(b) Address Miller Mo.
19. (a) 11-1-1941 (b) W. A. Bales
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Miller
(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? 32 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 19
year 1941 hour 10 minute 5 M.
21. I hereby certify that I attended the deceased from 4-1-41
10-19, 1941, to 10-19, 1941:
that I last saw h. E alive on 10-19, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
secondary to
hypertension
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) H62

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 W. J. Boney (M. D. or other) D
Address Miller Mo. Date signed 11-1-41

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

005

RECEIVED

District Health Officer No. 6,

District File Number 1141-1660

Date Filed NOV 26 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 L. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.