

Registration District No. _____

Primary Registration District No. 442

1. PLACE OF DEATH:

(a) County PHELPS
(b) City or town NEW BURG, 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 LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps,
(c) City or town Newburg
(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.? _____ years.

3. (a) PRINT FULL NAME MRS. NORA MILLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEM 5. Color or race W 6. (a) ~~Single~~, widowed, married, divorced M. 1

6. (b) Name of husband or wife JOHN MILLER 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MAY 4 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WM. RAY

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MAGGIE GLASBY

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant EARL MILLER

(b) Address NEWBURG, MO.

17. (a) B (b) Date thereof 11-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWBURG, MO.

18. (a) Signature of funeral director R. S. McEwen

(b) Address Reese, Mo.

19. (a) Nov 10 41 (b) Dr. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1941 hour 3PM minute _____ M.

21. I hereby certify that I attended the deceased from 2 yrs 19____ to Nov 6 - 1941; that I last saw her alive on Recent 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Subs. Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations None

Of autopsy None

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 Dr. Brewer (M. D. or other) _____
Address Newburg, Mo. Date signed 11-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

952

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.....

Licensed Embalmer No. *3953*

P. O. Address *Rolla, 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, fact should be so stated above.