

FILED FEB 10 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Joseph's Hospital, 1
(If not in hospital or institution, write street number or location)
1 No. 6 Va.
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 Duncan Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th.
year 1942 hour 9:00 minute _____ P.M.
21. I hereby certify that I attended the deceased from 12
21, 1941 to 1-27, 1942
that I last saw her alive on 1-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
① Acute Heart Failure
(Arteriosclerotic Heart
Disease)
② Cerebral-Vascular accident
with hemiplegia left
(Hemorrhage)
③ Arteriosclerosis general
Duration _____
_____ months

Major findings:
Of operations _____
Of autopsy 83a
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 Wm. B. R... (M. D. or other) _____
Address Saint Joseph Mo Date signed 1-29-42

3. (a) PRINT FULL NAME Timmie Jane Miller,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (d) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John J. Miller, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 16th. 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 11 _____ hr. _____ min.

9. Birthplace Forrest City, Missouri, _____
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman,

11. Industry or business Railroad,

12. Name Harrison Walker,

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

14. Maiden name May Ellen Potter

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

16. (a) Informant Mrs. Grace Coffey

(b) Address 1105 1/2 Duncan Street,

17. (a) Burial (b) Date thereof Jan. 30th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director H. J. Nestlebaum
(b) Address 319 So. 10th. Street,
St. Joseph, Mo.
19. (a) Jan. 29, 1942 (Date received local registrar)
H. J. Nestlebaum (Registrar's signature)

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

MOTHER FATHER

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 1-27-42
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm C Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Hays, 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.