

FILED FEB 7 3 18 42
Registration District No. _____

Primary Registration District No. 4192

Registrar's No. _____

39
6

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

1. PLACE OF DEATH: Greene
 (a) County _____
 (b) City or town Republic
 (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 entire life
 years, months or days)

3. (a) PRINT FULL NAME Pearl Ruth Miller
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James Miller 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Oct. 20-1895
 (Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name William J. Mooneyham

13. Birthplace Ill. (City, town, or county) _____ (State or foreign country) 1

14. Maiden name Elizabeth J. Logan

15. Birthplace unknown (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant Mrs. Lissie Blades

(b) Address Billings, Mo R #1

17. (a) Burial (b) Date thereof Jan 30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director J. W. Maples

(b) Address Cleaver, Mo.

19. (a) Feb. 2-42 (b) Mrs. Bertha Nance
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Republic
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
 year 1942 hour 2 minute 45 AM

21. I hereby certify that I attended the deceased from Aug 15, 1941, to Jan 2, 1942
 that I last saw her alive on Jan 2, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterine fundus
 Due to _____

Due to _____
 Other conditions none
 (Includes pregnancy within 3 months of death)

Major findings: Ca of fundus
 Of operations aug 17, 1941
 Of autopsy _____

Duration _____
 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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Fred R. Darthing (M. D. or other) U
 Address Springfield, Mo. Date signed 2-2-42

RECEIVED

Greene County Health Office

County File Number 42-2-18

Date 2/5/82

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.W. Maples

Licensed Embalmer No. 29857

P. O. Address Clemer 210

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.