

Registration District No. 668 Primary Registration District No. 3032

1. PLACE OF DEATH:
(a) County Pelliss
(b) City or town Sedalia
(c) Name of hospital or institution: 1205 W 5th
(d) Length of stay: In hospital or institution 1 year
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pelliss
(c) City or town Sedalia
(d) Street No. 1205 W 5th
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Isabelle W. Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11 year 1942 hour 3 minute 15 PM.
21. I hereby certify that I attended the deceased from Jan 10 42 to Jan 11 42
that I last saw her alive on Jan 11 42 and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife John B. Miller 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased July 24 1854

Immediate cause of death Hypostatic Pneumonia
Due to myocarditis
Due to chronic colostomy
Other conditions Advanced age

8. AGE: Years 87 Months 5 Days 17 If less than one day _____ hr. _____ min.
9. Birthplace Mo
10. Usual occupation At Home

Major findings: Of operations _____
Of autopsy no
PHYSICIAN 1628
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Wm M. Jones
13. Birthplace Ky
14. Maiden name Miss Krown
15. Birthplace Mo
16. (a) Informant Mayme E. Miller
(b) Address Sedalia Mo
17. (a) Removal (b) Date thereof 1-11-42
(c) Place: burial or cremation 9. New City Maus.
18. (a) Signature of funeral director Telegraph Building
(b) Address Sedalia Mo
19. (a) 1/11/42 (b) Emeline Berger

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature J. Smith (M. D. or other) _____
Address Sedalia Mo Date signed Jan 11-42

1022

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42

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. E. Bouldin

Licensed Embalmer No. 3768

P. O. Address Seaside, 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.