

FILED APR 10 1942 347

Registration District No.

Primary Registration District No. **3018**

Registrar's No. **65**

1. PLACE OF DEATH:

(a) County. **Henry Clinton**
(b) City or town. **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **324 W Green**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry 042**
(c) City or town. **Clinton Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **324 W Green** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Isabelle G. Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Wm G Miller**

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. **2 11 1854**
(Month) (Day) (Year)

8. AGE:

Years **88** Months **0** Days **26** If less than one day hr. min.

9. Birthplace

St Clair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **John Greenwell**

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

14. Maiden name **Paula Brown**

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

16. (a) Informant **Mrs Bertha Schmitt**

(b) Address **324 W Green Clinton Mo**

17. (a) **Henry City Cem**
(Burial, cremation or removal)

(b) Date thereof **3 9 42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Henry City Cem**

18. (a) Signature of funeral director **Fred C. Wilkinson**

(b) Address **Clinton Mo**

19. (a) **March 9, 1942**
(Date received local registrar)

(b) **Georgia Ditcher J.K.**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **7** year **1942** hour **6** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Apr. 12, 1939** to **3/7/42** that I last saw her alive on **3/7/42** and that death occurred on the date and hour stated above.

Immediate cause of death **Uraemia, Cerebral Endarteritis, Cardio-Vascular-Renal Disease.**

Due to **Cardio-Vascular-Renal Disease.**
Other conditions (Include pregnancy within 3 months of death) **1/31a**

Major findings: Of operations **None**

Of autopsy **None**

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) **No injury**
(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 **E. O. Peeler M.D. D. O.**
Address **Clinton, Mo. 3/9/42**

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

42
1
2

1
2

1067

RECEIVED

District Health Officer No. 7,

District File Number 4-42-306

Date Filed 4-7-42

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

Fred Wellhousen

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.