

FILED MAR 26 1942
Registration District No. _____

Primary Registration District No. 5663

Registrar's No. 4

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

1. PLACE OF DEATH:
 (a) County LINN
 (b) City or town SAINT CATHERINE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.P. # 4111
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 19 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County LINN
 (c) City or town Saint Catherine
(If outside city or town limits, write "RURAL")
 (d) Street No. R.R. # 1
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GLADYS MILLER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 10,
 year 1942 hour 2 minute 20 P.M.
 21. I hereby certify that I attended the deceased from 2-15-42
 _____ 19 _____ to 3-10 19 _____
 that I last saw her alive on 3-10 19 _____
 and that death occurred on the date and hour stated above.

4. Sex 7 M 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Thomas O. Miller 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased Aug 6, 1901
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 24 hrs
 Due to Hypertension 10 yrs
 Due to Chronic interstitial neph 10 yrs
 Other conditions (Include pregnancy within 3 months of death)
 Major findings of operations 131a
 Of autopsy _____

8. AGE: Years Months Days If less than one day
40 7 4 _____ hr. _____ min.

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

10. Usual occupation Nurse

11. Industry or business Hairdressing

12. Name Robert Bradley

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

14. Maiden name Lucinda Baker

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

16. (a) Informant Thomas O. Miller

(b) Address St Catherine Mo

17. (a) Burial (b) Date thereof Mar 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tom Hill Cem. Brookfield Mo

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Brookfield Mo

19. (a) 3-12-1942 (b) J. L. Cantwell
(Date received local registrar) (Registrar's signature)

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 66 Brock (or other) DP
 Address Brookfield Mo Date signed 3/11

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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..... *C. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address..... *Bucklin, 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.

EMERALD
EMERALD