

1. PLACE OF DEATH:

(a) County Ruby Doniphan mo.
(b) City or town _____
(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 3 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Ripley 91
(c) City or town Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Mae Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Horace Miller 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased DEC 30 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Horace Miller
(b) Address Doniphan mo.

17. (a) Quinal (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Pratt cent.

18. (a) Signature of funeral director Blocker Mortuary

(b) Address Doniphan mo.

19. (a) 8-10-42 (Date received local registrar) (b) E. P. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-4-1942 to 8-4-1942; that I last saw her alive on 8-4-1942; and that death occurred on the date and hour stated above.
Immediate cause of death Endocarditis Dilated heart. Duration 3 mos.

Due to Heart and nephritis ✓

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____

Of autopsy _____

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 J. Edna Adamson (M. D. or other) _____
Address Doniphan, Mo. Date signed 8-6-42

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

91

RECEIVED

District Health Officer No. 5,

District File Number 942348

Date Filed 9-14-42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.