

FILED NOV 13 1942

Registration District No. 295

Primary Registration District No. 6015

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

1. PLACE OF DEATH:

(a) County. Randolph

(b) City or town. rural, Salt Spring Township
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 88

(a) State Missouri (b) County Randolph

(c) City or town rural, Salt Spring Township
(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 Polly Miller Adams

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, widowed

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

7. Birth date of deceased January 24 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>7</u>	hr. min.

9. Birthplace Clarion County Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Jacob Miller

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

14. Maiden name Nancy Miller

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

16. (a) Informant Mrs. Willard Terrill

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 10/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 10/3/42 (b) Mrs. P. O'Brien
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1942 hour 4:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from May 1938 to Sept 30 1942
that I last saw her alive on Sept 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 mo.

Due to Hypertension & arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

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 P. O'Brien (M. D. or other) M.D.

Address Huntsville, Mo. Date signed 10/10/42

RECEIVED

District Health Officer No. 10

District File Number 11-42-2051

Date Filed NOV 12 1942

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.