

S. No. 2  
M-9-4-31  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37772  
Registrar's No. 366

FILED NOV 23 1942

Registration District No. 274 Primary Registration District No. 4405

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

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Green Ridge Mo  
(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  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pettis  
(c) City or town Green Ridge (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 HATTIE BELL MILLER.  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov 14 day 14 year 1942 hour 4 minute 35 P.M.

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank Miller 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Mar 17 1872 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1942 to Nov 14 1942 that I last saw her alive on Nov 14 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 7 Days 27 hr. min.

Immediate cause of death Chronic Myocardial disease & K  
Due to 93d  
Due to

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

Other conditions Chronic valvular disease of heart, Asthma  
Major findings:  
Of operations  
Of autopsy

10. Usual occupation House wife

PHYSICIAN

11. Industry or business Home making

12. Name Chas. T. Blaman

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

14. Maiden name Sallie Green

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

16. (a) Informant Mrs Lee Stevenson x (b) Address Hustonia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery  
18. (a) Signature of funeral director A. J. Spelby (b) Address Green Ridge Mo  
19. (a) 11-15-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

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 H. A. Hite (M. D. or other) M.D.  
Address Green Ridge Mo Date signed 11/15/42

State Health Officer No. 0,

District File Number \_\_\_\_\_

Date Filed 11-21-42

DEC 8 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 Allen E. Beck

Licensed Embalmer No. 4063

P. O. Address Green Ridge 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.