

FILED FEB 5 1943 59

Registration District No. 59

Primary Registration District No. 4094

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Garden City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Garden City 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME LIZZE MILLER

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 5, 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Yoder

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

14. Maiden name Mary Bonbrager

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

16. (a) Informant Mary Schmuth

(b) Address Garden City

17. (a) Burial (b) Date of Jan 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director W. S. ...
(b) Address Garden City, Mo

19. (a) Jan. 23, 1943 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1943 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 15 1943 that I last saw her alive on Jan 15 - 3 AM 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____
Vascular disease

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

Major findings: Of operations X 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) None
(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? X (Specify type of place) (e) Means of injury _____

23. Signature Frank B. ... (M. D. or other) _____
Address Garden City, Mo Date signed Jan 16

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

19
00

43

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.....

J. M. Bergsman, Registered Apprentice No.
working under my personal supervision.

Signed *J. M. Bergsman*
Licensed Embalmer No. *1030*
P. O. Address *Green City 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, above space should be left blank.