

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 month**
(Specify whether years, months or days)

In this community **59 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Webb City, Daugherty**
(If outside city or town limits, write "RURAL")

(d) Street No. **1003 1/2 West Daugherty**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Vivian Elizabeth Miller**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **490-10-9488**

4. Sex **F.** / 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **2 divorced, Widowed**

6. (b) Name of husband or wife **widowed**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **February 14, 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	23	hr. min.

9. Birthplace **Joplin, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Saleslady**

11. Industry or business **Ramsays Department Store**

MOTHER FATHER { 12. Name **Will Burgess**

13. Birthplace **no data** **no data**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Cripps**

15. Birthplace **no data** **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Son Max Miller**

(b) Address **Webb City, Mo.**

17. (a) **Burial** (b) Date thereof **2/9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Nedje Nelson**

(b) Address **Webb City, Missouri**

19. (a) **Feb. 9, 1943** (b) **Mrs. Lillie Loge**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7**
year **1943** hour **3:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan. 1, 1943** to **2-7-1943**
that I last saw her alive on **2-7-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic occlusion**

Due to **nerve cell death**

Due to

Other conditions **94a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature **Mrs. Lillie Loge** (M. D. or other)

Address **200 W. Daugherty** Date signed **2/8/43**

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

49
6
2

2

43-2-196

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

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

E. W. Hedge

Licensed Embalmer No.

2859

P. O. Address

Webb 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, fact should be so stated above.