

FILED MAR 17 1943

Registration District No. 101

Primary Registration District No. 5412

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Springcreek
(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 _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Route 4, Ava, Rural
(d) Street No. Route 4
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Eliza Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Milley 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 29 1892 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Turner
13. Birthplace Toledo, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Tennessee Turner
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Eliza Miller (b) Address Route 3, Ava, Missouri

17. (a) Burial (b) Date thereof 1-23-43 (c) Place: burial or cremation Murray

18. (a) Signature of funeral director Clinkingbeard Funeral Home (b) Address Ava, Missouri

19. (a) 3-1-43 (b) Helma S. Waters (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia from Cancer - Carcinoma of Right Breast

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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?

23. Signature M. C. Gentry (M. D. or other) Address _____ Date signed 12-5-43

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

RECEIVED

District Health Officer No. 6,
D. M. C.

District File Number 343-427

Date Filed MAR 16 1943

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.....

W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

Over 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.