

FILED APR 7 1948
Registration District No. **78**

Primary Registration District No. **4293**

1. PLACE OF DEATH:
5. (a) County **Lincoln**
(b) City or town **Elsberry**
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **ANNA LAURA MILLER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 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 **69** years
7. Birth date of deceased **11 - 6 - 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Harvey Wells**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Lucy Heid**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **J. Frank Miller**
(b) Address **Elsberry, Missouri**

17. (a) **Burial** (b) Date thereof **3-15-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elsberry, Missouri**

18. (a) Signature of funeral director **Clifton Miller**
(b) Address **Elsberry, Missouri**

19. (a) **Mar 25 - 1948** (b) **J. B. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lincoln**
(c) City or town **Elsberry** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **13** year **1948** hour **10** minute **10** AM.

21. I hereby certify that I attended the deceased from **Mar 10** to **Mar 15**, 19**48**, that I last saw her alive on **3-13-48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration _____

Due to **degenerative myocardial type**
coronary type

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

Major findings: Of operations **g.f.a.** Of autopsy _____
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) Means of injury _____

23. Signature **F. Y. Teelup** (M. D. or other) **2543**
Address **Elsberry, Mo.** Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1931

DEC 22 1950

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 *March 17-1*

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clifton Miller

Licensed Embalmer No.....

3364

P. O. Address.....

Elkton, Md

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.