

ED MAY 12 1943 / 32  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
302 West Crumley Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 37 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Trenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 West Crumley Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mollie May McMiller

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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 5, 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 11 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Quilter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MILES Mc Miller  
13. Birthplace Lancaster County Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Callie Pulliam  
15. Birthplace Grundy County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miles Mc Miller

(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Grundy Center, Grundy County

18. (a) Signature of funeral director Walter Edward Perry

(b) Address Trenton, Mo

19. (a) 4-20-43 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1943 hour 12:15 minute A M.  
21. I hereby certify that I attended the deceased from Apr 18  
1943 to Apr 18 1943  
that I last saw him alive on Apr 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to Encephalitis - post  
22 years

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) pph

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. A. Duffly (M. D. or Chy) \_\_\_\_\_  
Address Trenton 2120 Date signed Apr 19 1943

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Signed.....

*Raymond A. Davis*

Licensed Embalmer No.....

*3424*

P. O. Address.....

*Jackson, 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.**