

FILED MAY 6 1943  
Registration District No. **276**

Primary Registration District No. **5750**

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

1. PLACE OF DEATH:

(a) County **Madison**

(b) City or town **Rural--St. Francois**  
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether  
years, months or days)

In this community (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **R.F.D. #1--Little Vine Com.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Annie Miller**

3. (b) If veteran, name war (Specify war)

3. (c) Social Security No. (Specify number)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13th.**  
year **1943** hour **7:** minute **P.** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **J.W. Miller**

6. (c) Age of husband or wife if alive **69.0** years

7. Birth date of deceased **October 13 1860**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Mar. 2**  
**1943** to **April 13 1943**  
that I last saw her alive on **April 11 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**82 5 25** hr. min.

Immediate cause of death **Smile pneumonia**

Due to **109.1**

Due to **109.1**

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

PHYSICIAN

Major findings:  
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant **Frank A. Miller**

(b) Address **RFD #1, Fredericktown, Mo.**

17. (a) **Burial** (b) Date thereof **4-14-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Vine**

18. (a) Signature of funeral director **Stanley H. Dixon**

(b) Address **Fredericktown, Missouri**

19. (a) **Apr 14 1943** (b) **S. C. S. Sawyer**  
(Date received local registrar) (Registrar's signature)

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 **Heich L. Hill** (M. D. or other) **D.O.**  
Address **Fredericktown, Mo.** Date signed **4-12-43**

RECEIVED

District Health Officer No. 4  
District File Number 543-2109  
Date Filed 5-5-43

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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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Virgil H. Kelch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Fredericktown, 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.