

FILED MAY 12 1948

Registration District No. 329

Primary Registration District No. 4485

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Martha Ann Miller

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George W. Miller 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Aug 17 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 13 hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo. I

10. Usual occupation House Keeper

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

MOTHER, FATHER { 12. Name Sifford  
13. Birthplace Don't know 9 (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Ernestine Miller  
(b) Address Farmington Mo  
17. (a) Burial (b) Date thereof 5-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sadler's Cem. Stedden, Mo.

18. (a) Signature of funeral director B. Spanghafer  
(b) Address Illmo, Mo.  
19. (a) 5-8-48 (b) Mrs. W. L. Tomlinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1943 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 28  
1943 to April 30 1943  
that I last saw her alive on April 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory Failure  
Due to Venous Poisoning (Valerian)  
Due to Chronic Bright's Disease (Chronic Nephritis)  
Other conditions: Chronic Myocarditis with cardiac decompensation  
Duration: Unknown

PHYSICIAN  
Major findings: 1318  
Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Signature Denton J. Wilson (M.D. or other) DO.  
Address Farmington, Mo. Date signed 5/1/48

1316

RECEIVED

District Health Office No. 2,

District File Number 543-669

Date Filed 5-11-43

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 Mamie Beplough  
Licensed Embalmer No. 3242  
P. O. Address Chaffee 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.