

FILED JUN 20 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 678

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 1816 Francis
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 103 West Lewis
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Eva Myrtle Miller

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex Female / 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife George L. Miller
7. Birth date of deceased Feb. 28 1890

8. AGE: Years 53 Months 3 Days 3

9. Birthplace Missouri

10. Usual occupation Resturant Operator

11. Industry or business

MOTHER FATHER { 12. Name John Beakner
13. Birthplace Missouri
14. Maiden name Edna Gorden
15. Birthplace Missouri

16. (a) Informant Miss Violet Nussbaum

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof June 2, 43

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 6-2-43 (b) Rose Heyes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 7 1943 to May 31 1943
that I last saw her alive on May 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of r. hip 7 weeks

Due to 1943

Other conditions Secularitus Ulna - 7 weeks

Major findings: Of operations Fractured r. hip - tubercular Of autopsy none

22. If death was due to external causes, fill in the following:.

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Apr. 6, 1943
(c) Where did injury occur? St. Joseph, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in her home

While at work? yes (Specify type of place) (e) Means of injury fall off

23. Signature E. T. Bloomer (M. D. or other) M. D.
Address 1218 N. 3rd St. St. Joseph, Mo. Date signed 6/1/43

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

Bloomer
1218-A-3

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 John H. Henley
Licensed Embalmer No. 40570
P. O. Address St. Joseph 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.