

FILED JAN 12 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1469

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 10 days  
(Specify whether years, months or days)

In this community 1 Mo. 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Worth 113

(c) City or town Grant City,  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearlie M. Miller,

3. (b) If veteran, name war None,

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Miller 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 25, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>4</u>	<u>1</u> hr. <u>0</u> min.

9. Birthplace Worth County, Missouri, 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

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

MOTHER FATHER { 12. Name Kemp Gregg,

13. Birthplace Unknown, Illinois, 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ward,

15. Birthplace Unknown, Illinois, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant James Miller,

(b) Address Grant City, Missouri,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/29/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Robert B. ...

(b) Address 319 So. 10th Street, Home

19. (a) 12-29-43 (Date received local registrar) (b) Rose Haggog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th.  
year 1943 hour 10:00 minute 10 a. M.

21. I hereby certify that I attended the deceased from 11-19-43  
to 12-29 1943  
that I last saw h. aw alive on 12-29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to Cancer of breast 3 yrs

Due to 50

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Cancer of breast.

Of operations \_\_\_\_\_

Of autopsy None

Duration 2 yrs

PHYSICIAN \_\_\_\_\_

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 Paul Ferguson (M. D. or other) \_\_\_\_\_  
Address St Joseph, Mo Date signed 12-29-43

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

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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.....

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

working under my personal supervision.

Signed.....

*Frank A. Bennett*

Licensed Embalmer No..... *1710*

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.**