

Registration District No. 819194

Primary Registration District No. 4407

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town La Monte
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town La Monte
(If outside city or town limits, write "RURAL")

(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 Alice R. Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 2 AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 1943 to Dec 29 1943
that I last saw him alive on Dec 28 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Benjamin E. Miller

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

7. Birth date of deceased May 25 1860
(Month) (Day) (Year)

Immediate cause of death Myocardial Degeneration

Due to _____

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

83 7 4 hr. min.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Marion Aldham

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

14. Maiden name Sarah Reynolds

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

Major findings: 93d

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Eagle C. Miller

(b) Address La Monte Mo

17. (a) Removal (b) Date thereof 12 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rollins City

18. (a) Signature of funeral director Rollins Mitchell

(b) Address Rollins City Mo

19. (a) 12-29-43 (b) Wm. Olin Burger
(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. E. Walker (M. D. or other) M. D.

Address La Monte Mo Date signed 12-29-43

RECEIVED

District Health Officer No. 8,

Exhibit File Number _____

Date Filed 2-7-44

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 _____

Rollins Mitchell _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Rollins - Nash Mortuary

Licensed Embalmer No. 3947

P. O. Address Edgerton - 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.