

FILED FEB. 7 1946
Registration District No. _____

Primary Registration District No. 4424

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town HUMANSVILLE
(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 50 YEARS
years, months or days

3. (a) PRINT FULL NAME Birdie Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE / race White 5. Color or race _____
6. (b) Name of husband or wife Robert T. Miller 6. (a) Single, widowed, married, divorced MARRIED
7. Birth date of deceased Sept. 4 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Hickory Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business OWN HOME

MOTHER FATHER { 12. Name ALONZO BIRD
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Miller
(b) Address Job's College St Springfield Mo
17. (a) BURIAL (b) Date thereof Feb. 1 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HUMANSVILLE CEMETERY

18. (a) Signature of funeral director [Signature]
(b) Address Humansville Mo.
19. (a) Feb. 3 - 1944 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk
(c) City or town HUMANSVILLE
(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 NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1944 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy _____

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 Descoe @ Nevens (M. D. or other M. D.)
Address Humansville Mo. Date signed 2-1-44

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

RECEIVED

District Health Officer No: 70

District File Number 1-44-58

Date Filed 2-4-44

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.....

by me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Pimm

Licensed Embalmer No. 4382

P. O. Address.....

Humansville, 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.