

FILED MAR 11 1944

Registration District No. 207

Primary Registration District No. 5257

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural - Dry Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 63

(a) State Missouri (b) County Maries

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

(d) Street No. Dry Creek Twp
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eliza Ellen Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 6 6 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin Hutichson

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

14. Maiden name Delilah Long

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

16. (a) Informant Mrs. Elizabeth Roberson

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 2/13/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 2-21-44 (b) Erna Bassett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 26, 1944 to Feb 9, 1944 that I last saw her alive on Feb 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Duration 10 da

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

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 9

23. Signature Conley Bates (M. D. or other) 2-12-44

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 3-9-44

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

Feb 11 - 1944

Registered Apprentice No.

working under my personal supervision.

Signed

Paul M. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon, Missouri

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.