

FILED MAY 24 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 463

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town Saint Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1404 South 9th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Last 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town Saint Joseph
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 1404 South 9th Street
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Sarah Isabelle Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female / race White 5. Color or _____
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edwin R. Miller 6. (c) Age of husband or wife if
 alive 66 years
 7. Birth date of deceased December 5, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 5 hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
 12. Name Sam Sate
 13. Birthplace Mt. Pleasant Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah E. Brown
 15. Birthplace Albany Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Edwin R. Miller
 (b) Address 1404 South 9th Street

17. (a) Burial (b) Date thereof April, 14, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry Cemetery
 18. (c) Signature of funeral director Mrs. E. R. Sidenfaden
 (b) Address 602 South 10th St

19. (a) 4-11-44 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1944 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from
Feb. 19, 1944 to April 9, 1944
 that I last saw her alive on April 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma Duration
Do not know duration.

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

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) NO

(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 Leontina H. ... (M. D. or other)

Address 1035 West 40. Ave. Date signed 4-11

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

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 *Mollie E. Sidenfaden*
Licensed Embalmer No. *4235*
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.