V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25421

Registration District No. 274 Primary Registration District No. 5922 Registrar's No. 249

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Beaman (Bowling Green Twp)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about one month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Beaman Bowling Green Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Beaman
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah F. 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 Widow

6. (b) Name of husband or wife W.R. Miller

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

7. Birth date of deceased May 20, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name W.M.B. Pitts
13. Birthplace unknown, Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Beavers
15. Birthplace unknown, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Simmie Bake (da u.)
(b) Address Beaman, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery Hickory County, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Sedalia, Missouri

19. (a) 7-26-44 (Date received local registrar) (b) Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 7:10 minute A. M.

21. I hereby certify that I ~~attended~~ viewed body of the deceased from July 24, 1944, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Died very suddenly due to coronary obstruction

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. T. Bishop Coroner (M. D. or other)
Address Sedalia Mo Date signed 7-26-44

1022

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bis

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-4-47

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.