

FILED MAY 14 1945

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Hogan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
(c) City or town Birch Tree, Mo 101
(If outside city or town limits, write "RURAL.") 6
(d) Street No. Rural 6
(If rural, give location)
(e) Citizen of foreign country? No ! (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Edna Miller

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Miller 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March, 5th, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 28 hr. _____ min.

9. Birthplace South Dakota /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Noble Miley

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

14. Maiden name Mary E. Adams

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

16. (a) Informant Frank Miller

(b) Address Birch Tree, Mo

17. (a) Burial (b) Date thereof 4/6, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forest Cem

18. (a) Signature of funeral director John F. Adams

(b) Address Mountain View, Mo

19. (a) 4-20-45 (b) John F. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1945 hour _____ minute 30 p. M.

21. I hereby certify that I attended the deceased from Apr - 2nd
1945 to Apr - 2nd 1945
that I last saw h. alive on Apr - 2nd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General Septicemia
Duration _____

Due to Acute Cholecystitis

Due to _____

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

Major findings: Of operations 2770 /
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 John F. Adams (City or town) _____
Address West Plains, Mo (State) _____

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

RECEIVED

District Health Officer No. 5

District File Number 545254

Date Filed 5-10-45

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 John J. Roman
Licensed Embalmer No. 2516
P. O. Address Stu Veer 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.