

FILED MAY 24 1945
Registration District No. **72**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital # 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
 In this community 2 1/2 mos 5 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Hauseville
(If outside city or town limits, write "RURAL.")
 (d) Street No. 13 1/2 Birchwood
(If rural, give location)
 (e) Citizen of foreign country? 720 (Yes or No) 1)
 If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12 year 1945 hour 1:11 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 10 1945 to May 12 1945
 that I last saw her alive on May 12 1945
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Charles A Miller 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Dec 18 1881
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia **Duration** 2 days
 Due to Cerebral apoplexy **Duration** 4 days
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: SPN
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Not given 9
 13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
 14. Maiden name Not given 9
 15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A Miller
 (b) Address 1379 Birchwood Rd MO

17. (a) Burial (b) Date thereof 5/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mourah Cem.

18. (a) Signature of funeral director Barrett

(b) Address 3074 Trenton

19. (a) 5-15-45 (b) Walter J. Galle
(Date received local registrar) (Registrar's signature)

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)
 _____ (e) Means of injury _____
 23. Signature Walter J. Galle (M. D. or other) _____
 Address St. Joseph # 2 Date signed 5/12/45

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JUN 27 1945

JUN 12 1945

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

Jack Labon
.....
Licensed Embalmer No..... 1915
P. O. Address.....

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.