

FILED NOV 6 1945

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1216 West Nelson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 31 years
years, months or days

3. (a) PRINT FULL NAME Rebecca Jane Miller

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.

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 August 6 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 2 14 hr. min.

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

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Pitts

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

14. Maiden name Sarah Whittington

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

16. (a) Informant son William T. Miller

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 10/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) 10-21-45 (b) F. L. Hutchins MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ¹¹⁹

(c) City or town Webb City
(If outside city or town limits, write "RURAL") ⁶

(d) Street No. 1216 West Nelson ²⁰
(If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10
1945 to October 10 1945
that I last saw her alive on October 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Arteriosclerosis Heart

Due to Arteriosclerotic Heart

Due to Disease

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy gtd

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature James H. [unclear] (M. D. or other) _____
Address Webb City, Mo. Date signed 10-22-45

Flaherty

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..... *[Signature]*
Licensed Embalmer No..... *1285-9*
P. O. Address..... *[Signature]*

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.