

FILED DEC 10 1945

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Phelps Co  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McFarland Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about ten days  
In this community ten days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Jadwin Mo 0  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT

FULL NAME Gladys Miller

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Feb 28 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 80 7 0 hr. min.

9. Birthplace Dent Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation school girl

11. Industry or business X

12. Name Howard Miller

13. Birthplace Phillips Co Kans  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Bowhart

15. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Miller

(b) Address Jadwin Mo

17. (a) burial (b) Date thereof 11/7/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jadwin Cem

18. (a) Signature of funeral director Orville Jensen  
(b) Address Salem Mo

19. (a) Nov. 13, 1945 (b) Mrs. Juanita Barney  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1945 hour 4 minute 50 PM

21. I hereby certify that I attended the deceased from Oct 26  
1945 to Nov 5 1945  
that I last saw her alive on Nov 5 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhemia

Due to Burns

Due to

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

Major findings:  
Of operations 18/15  
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) accident

(b) Date of occurrence 10-26-45

(c) Where did injury occur? Jadwin, Dent, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? Yes (Specify type of place) Means of injury kerasene exposure

23. Signature Orville Jensen (M.D. or other)

Address Rolla, Mo Date signed 11-10-45

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.....

Licensed Embalmer No.....

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.**