

FILED JAN 21 1946

Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald
(c) City or town Burton
(If outside city or town limits, write "RURAL")
(d) Street No. Nee' MO, R.#, 1
(If rural, give location)
(e) Citizen of foreign country? ### NO. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Florence Esther Miller

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Miller 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan 26, 1906
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Thomas Ryan

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

14. Maiden name First Name Not known, Ray

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

16. (a) Informant J. R. Miller

(b) Address Nee' MO.

17. (a) Burial (b) Date thereof 12-14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanagan MO.

18. (a) Signature of funeral director Wm. W. Williams

(b) Address Goodman MO.

19. (a) 12-17-45 (b) E. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1945 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 11, 1945 to Dec 12, 1945
that I last saw her alive on 12/12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema Duration 1 day
Pulmonary tuberculosis
Due to Pulmonary tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 13k
Of operations
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: no

(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) (c) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 12/15/45

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

19
2
5

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 *Marjellen Williams Pickett*

Licensed Embalmer No. *4166*

P. O. Address *Goodman, D.D.*

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.