

No. 2
1-5-43
5-17-39
I X38671

FILED MAR 27 1946
Registration District No. **226**

STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **4338**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Monroe**

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

(c) Name of hospital or institution:
300 A Charles
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
3 1/2 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe** **69**

(c) City or town **Monroe City**
(If outside city or town limits, write "RURAL") **1**

(d) Street No. **300 A Charles**
(If rural, give location) **0**

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

3. (a) PRINT FULL NAME **Sarah Jane 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 **Widowed**

6. (b) Name of husband or wife **J. Frank Miller** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 9 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	30	hr. _____ min. _____

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

10. Usual occupation **House Wife**

MOTHER, FATHER

11. Industry or business _____

12. Name **George Yont**

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

14. Maiden name **Martha Brokwalter**

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

16. (a) Informant **Gussie Barclay**
(b) Address **Monroe City, Mo**

17. (a) **Burial** (b) Date thereof **2/10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopewell, Macon Co. Stevens & Gooding**

18. (a) Signature of funeral director _____
(b) Address **Macon Missouri**

19. (a) **2/8/46** (b) **Oliver Little**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
year **1946** hour **3** minute **25 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____ **93d**

Of autopsy _____

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? _____

(Specify type of place) _____ (e) Means of injury **3**

23. Signature **Russell W. Kilson** (M. D. or other) **Covered**
Address **Monroe City, Mo** Date signed **2-8/46**

RECEIVED
District Health Officer No. 10
District File Number 3-46-585
Date Filed MAR 19 1946

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.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address. Macon, 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.