

FILED AUG 9 1946

Registration District No. 144

Primary Registration District No. 5562

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles North of Pilot Knob
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles North of Pilot Knob
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Viola Miller

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color of race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ashley Miller 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept. 1st. 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 16 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Wm. Thurman
13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Parsena McMullen
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ashley Miller
(b) Address Ironton Mo. Rt # 1
17. (a) burial (b) Date thereof 7-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.
19. (a) 7-23-46 (b) Melvin Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1946 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from
7-1 1946 to 7-17 1946
that I last saw her alive on 7-14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral aneurysm of basilar artery
Due to aneurysm

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

Major findings: Unknown to me
Of operations _____
Of autopsy 50

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) While at work? _____
(a) Means of injury _____
23. Signature Edgar W. Day (M. D. or other) _____
Address Ironton Mo Date signed 7-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

22222

Officer No. 4
District File Number 846-243
Date Filed 8-8-46

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.