

FILED AUG 13 1946
Registration District No. 572

Primary Registration District No. 4543

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1
(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) _____

In this community _____ (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 118

(c) City or town Seymour Mo. A
(If outside city or town limits, write "RURAL") D

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME NANCY JANE MILLER

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

4. Sex F 1. 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 February 11 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>4</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. J. Welch

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

14. Maiden name _____

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

16. (a) Informant Russel Miller

(b) Address Seymour Mo.

17. (a) Burial (Burial, cremation, or anatomical) (b) Date thereof July 6 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelly, Ferrell

(b) Address Bergman, Seymour Mo.

19. (a) Aug 1 1946 (Date of local registrar) (b) Silbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1946 hour 8:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 11-22
1944 to 7-4 1946

that I last saw her alive on 6-3-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy GI

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) _____

(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) (e) Means of injury _____

23. Signature E. J. Beers (M. D. or other) _____
Address Seymour Mo. Date signed 7-9-46

343

RECEIVED

District Health Officer No. 6,

District File Number

846-852

Date Filed

AUG 12 1946

District Health Officer No. 6,

RECEIVED

Date Filed

District File Number

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 *W. K. Kelley*

Licensed Embalmer No. *3394*

P. O. Address *Fordlans 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.