

No. 2
12-45
-17-39
7070

FILED NOV 21 1946

Registrar's No. 364

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Poplar Bluff 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 Life
years, months or days

3. (a) PRINT FULL NAME Malisie Mae Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob E. Miller

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 20 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 56 | 8 | 14 | hr. min. |
|----|---|----|----------|

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry heichman

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

14. Maiden name Cora Bullis

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

16. (a) Informant JeE. Miller

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 11/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
Poplar Bluff, Mo.

(b) Address _____

19. (a) 11-9-46 (b) R.A. Muntz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler / 2

(c) City or town Poplar Bluff / 7
(If outside city or town limits, write "RURAL")

(d) Street No. 242 Riverview / 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) / 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 15 1946 to Nov 4 1946
that I last saw her alive on Nov 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion / Duration _____

Due to Arteriosclerotic heart disease

Due to General Arteriosclerosis

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

Major findings: Of operations _____

Of autopsy 93D / 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) / 0
(e) Means of injury _____

23. Signature R.A. Muntz (M. D. or other) M. D.
Address Poplar Bluff, Mo. Date signed 11-7-46

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

35034

RECEIVED

District Health Office No. 2,

District File Number 1146-1345

Date Filed 11-15-46

DEC 11 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 Walter N. Fitch

Licensed Embalmer No. 2859

P. O. Address Poplar Bluff, 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.