

FILED NOV 19 1946

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
737 E. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 737 E. 6th St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE S. MILLER

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

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased August 25 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 8 hr. min.

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

10. Usual occupation at home

11. Industry or business ----

MOTHER FATHER { 12. Name Ed Long

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

14. Maiden name Jennie Coble

15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Miller
(b) Address 737 E. 6th, Carthage, Mo.

17. (a) burial (b) Date thereof Nov 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery
Knell Mortuary

18. (a) Signature of funeral director _____
(b) Address Carthage, Missouri

19. (a) 11-6-46 (b) R. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 3
year 1946 hour 9:15 minute 8 M.

21. I hereby certify that I attended the deceased from
July 1946 19... to Nov 3, 1946
that I last saw her alive on Nov 1, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chronic nephritis
Arteriosclerosis
Due to Senility

Due to _____

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

Major findings: _____ PHYSICIAN
Of operations _____
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) _____
While at work? _____ (e) Means of injury _____

23. Signature R. B. Clinton M.D. (M. D. or other) _____
Address Carthage Mo. Date signed Nov 6

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

46-11-918

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.....

Robert H. Knell

, Registered Apprentice No. *406*

working under my personal supervision.

Signed *Frank W. Knell Jr*

Licensed Embalmer No. *4440*

P. O. Address *Carthage*

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.