S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39405

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 135

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Nevada City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether
In this community Many years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 402 North Main St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cora Alice Miller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 3 (Day) 1873 (Year)

8. AGE: Years 73 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Springfield, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation HOME KEEPER

11. Industry or business House

FATHER
12. Name James R. Thompson
13. Birthplace Springfield, Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Wallace
15. Birthplace Springfield, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant H. D. HART
(b) Address LAWRENCE, KANSAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation NEWTON BURIAL PARK

18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo

19. (a) 11-14-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 46 hour NOON minute M.

21. I hereby certify that I attended the deceased from Sept 9, 1946 to Oct 22, 1946 that I last saw her alive on Oct 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Rt Breast — Duration 2 or 3 yrs.

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Rt Breast
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. B. Lowe M.D. (M. D. or coroner)
Address Nevada, Mo Date signed Oct 22/46

(Licensed Embalmer's Statement on Reverse Side)

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 Allen V Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.