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FILED JAN 7 1947

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 54

1. PLACE OF DEATH:

(a) County... Madison
(b) City or town... Madison
(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...
In this community about 14 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Madison 69
(c) City or town... Madison 0
(If outside city or town limits, write "RURAL")
(d) Street No... 0
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME Margaret Frances Miller

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife... Chas W Miller
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased... 1-13-1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 15
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER
12. Name Wm Germany
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J Miller
(b) Address Madison Mo
17. (a) Burial (b) Date thereof 12-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Prairie

18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) 12/31/46 (b) Alfred Steele
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1946 hour 7 minute 45 M.
21. I hereby certify that I attended the deceased from Dec 27 1946 to Dec 28 1946
that I last saw h. ex alive on Dec 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death... Hypostatic Pneumonia 2 days
Due to Fracture of neck of left femur 4 days

Other conditions... (Include pregnancy within 3 months of death)
Major findings: Of operations... 146A
Of autopsy... 1018
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) accident 127
(b) Date of occurrence Dec 26, 1946
(c) Where did injury occur? Mobile Randolph Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place?
In home
(Specify type of place)
While at work? (e) Means of injury fall
23. Signature F R Burnham (M. D. or other) 2
Address Madison Mo Date signed 12/31/46

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

RECEIVED
District Health Officer No. 10
District File Number 1-47-19
Date Filed JAN - 6 1947

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... *Maxwell A. Thompson*
Licensed Embalmer No. *3282*
P. O. Address... *Melrose Gds*

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.