

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **430**  
Registrar's No. **25**

FILED JAN 28 1947  
Registration District No. **47**

Primary Registration District No. **3008**

14  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Callaway  
 (a) County Laura E. Miller  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1M-6d (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura E. Miller  
 3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife GEORGE MILLER 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased Dec 31 1869  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business AT HOME

MOTHER FATHER

12. Name Jacob Sittler

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

14. Maiden name Eliza Wiseler

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

16. (a) Informant MRS. A.B. McDONALD

(b) Address 7215 Jefferson St., Kansas City, Mo.

17. (a) TEMPLE—Mr. Myrah Cemetery (Burial, cremation, or other) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director D. J. Neumerger

(b) Address 1401 Brush Creek Blvd., R.C.M.

19. (a) Jan. 19-1947 (b) Jose Maschhoff (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Jackson  
 (c) City or town Kansas City (If outside city or town limits, write "RURAL")  
 (d) Street No. 4506 Montgall (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-18-47 day 10:30 P. M. year hour minute

21. I hereby certify that I attended the deceased from 12-12-1946 to 1-18-1947 that I last saw her alive on 1-18-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 107

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? 0

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

23. Signature James Caldwell (M.D. or other) \_\_\_\_\_

Address Fulton Date signed 1/18/47

RECEIVED  
District Health Officer No. 91  
District File Number  
Date Filed JAN 27 1947

DEC 11 1952

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 E. Oscar Kothay  
Licensed Embalmer No. 1767  
P. O. Address Kansas City 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.