

FILED FEB 10 1947

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural - Near Middletown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Middletown Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. Near Marlin
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Milhoit

3. (b) If veteran, name war No

3. (c) Social Security No. 485

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jama H. Milhoit

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

7. Birth date of deceased Feb. 15 - 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>0</u>	hr. min.

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

10. Usual occupation at Home

11. Industry or business _____

12. Name Tom Wallis

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

14. Maiden name Lucy Davis

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bert Hellyer

(b) Address Middletown Mo

17. (a) Burial (b) Date thereof 1-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Cem. Pike C.

18. (a) Signature of funeral director N. B. E. Moore

(b) Address Bowling Green

19. (a) 4-27-47 (b) William J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1947 hour 1:30 minute 2 M.

21. I hereby certify that I attended the deceased from 1929
19____ to 1-15 1947
that I last saw hu alive on 1-10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to _____

Due to _____

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

Major findings: Of operations 95C

Of autopsy _____

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)

(e) Means of injury 0

23. Signature J. M. Mathews (M. D. or other)
Brd. of Health Date signed 1-16-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

27-8-2

District File Number

District Health Officer No. 9,

RECEIVED

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..... *N. B. Emore*

Licensed Embalmer No. *3466*

P. O. Address *Bowling Green*

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.