

FILED JUN 9 1947

State File No. \_\_\_\_\_

Registration District No. 262

Primary Registration District No. 5887

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Geysah  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Lou Miller

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 5 day 5 year 1947 hour 10 minute 50 a.m.

4. Sex F 5. Color or race Whit 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Jno P Miller 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased (Month) 2 (Day) 5 (Year) 1973

21. I hereby certify that I attended the deceased from April 16, 1947, to May 2, 1947; that I last saw her alive on May 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Duration

8. AGE: Years 74 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic myocarditis  
Essential hypertension

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Wm A Campbell

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

14. Maiden name Martha Lou Davis

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

16. (a) Informant Jno P Miller

(b) Address Geysah Mo

17. (a) \_\_\_\_\_ (b) Date thereof 5-7-1947 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director J. S. Davis

(b) Address West Plains Mo

19. (a) 5-31-1947 (Date received local registrar) (b) Carl Davis (Registrar's signature) 9110

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? \_\_\_\_\_ (c) Means of injury D

23. Signature J. S. Davis, D.O. (M. D. or other) \_\_\_\_\_  
Address Bakersfield Mo Date signed 5-15-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

17  
0  
2

Mr. Davis

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**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.....

Geo. S. Blago....., Registered Apprentice No. 421  
working under my personal supervision.

Signed L. H. Johnston.....

Licensed Embalmer No. 2432.....

P. O. Address.....

**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.**