

FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19798

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
526 N. Ellsworth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Her Life
years, months or days

3. (a) PRINT FULL NAME

Mrs. Nancy Jane Miller

3. (b) If veteran, name war # _____

3. (c) Social Security No. # _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Calvin Miller live _____ years

7. Birth date of deceased December 26 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 23 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Griffitt

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

14. Maiden name Nancy J. Stanley

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

16. (a) Informant Mrs. Lucy Alexander

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director A. Fred Burman

(b) Address Marshall, Mo.

19. (a) May 19 1947
(Date received local registrar) (Registrar's signature) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1947 hour 3:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb 15
1947 to May 16 1947
that I last saw her alive on May 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
(3rd hemorrhage) Duration _____

Due to Arteriosclerosis, hypertension

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) 50

Address Marshall Mo Date signed 5-16-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-12-47

MON 22 1957

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.....

J. Leeli Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.