

FILED JUL 22 1947

Registration District No. **32**

Primary Registration District No. **5-114**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Greenbrier**
(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 years, months or days)

3. (a) PRINT FULL NAME **Etha Miller Withers**

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 **married**
6. (b) Name of husband or wife **Wm F White** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Aug 22 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Bollinger Springs Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Elizabeth Stiles** 7
13. Birthplace **Unknown** 7
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** 7
15. Birthplace **Unknown** 7
(City, town, or county) (State or foreign country)

16. (a) Informant **Daniel Miller**
(b) Address **Adams Mc**

17. (a) **Burial** (b) Date thereof **July 5 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenbrier**

18. (a) Signature of funeral director **Walter T. Miller**
(b) Address **Bloomington Mo**

19. (a) **July 7 1947** (b) **William H. Gumburgh**
(Date received local registrar) (Registrar's signature) **257**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Greenbrier**
(If outside city or town limits, write "RURAL")
(d) Street No. **Mayan Prop.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3** year **1947** hour **8** minute **P** M.

21. I hereby certify that I attended the deceased from **June 3** 19**47** to **July 3** 19**47**
that I last saw her alive on **June 3** 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Apoplexy**
Hypertension
Sugar Diabetes

Due to **Hypertension**
Due to **Sugar Diabetes**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **67**
Of autopsy

Duration

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 **C. C. Masters** (M. D. or other) **MD**
Address **Adams, Mo** Date signed **7-5-47**

RECEIVED

District Health Officer No. 4
District File Number 747-920
Date Filed 7-19-47

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.....

Lyman Steele

Licensed Embalmer No.

2476

P. O. Address.....

Dexter 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.