

No. 2
12-45
-17-39
X47070

FILED AUG 5 1947

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **251**

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

1. PLACE OF DEATH:

(a) County **ST. FRANCIS**

(b) City or town **BONNE TERRE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **BONNE TERRE HOSPITAL**
(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 **ORPHA LUKATY MILLER**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HARRY MILLER**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **3 - 12 - 1889**
(Month) (Day) (Year)

8. AGE: Years **58** Months **3** Days **4**

If less than one day _____ hr. _____ min.

9. Birthplace **HAZEL RUN MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **None**

12. Name **Joseph C. Morris**

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

14. Maiden name **Elizabeth Pinkerton**

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

16. (a) Informant **Harry Miller**

(b) Address **Bonne Terre Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **7-9-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **ST. FRANCIS MED. PRK.**

18. (a) Signature of funeral director **E. J. Joyner**

(b) Address **Dealage 6 Mo.**

19. (a) **7-28-47** (Date received local registrar)

(b) **Ether Rudloff** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **ST. FRANCIS**

(c) City or town **BONNE TERRE**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1947** hour **8** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **June 19**, 19**47** to **July 2**, 19**47**; that I last saw her alive on **July 2**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Massive hemorrhages from urinary bladder** — **2 wks.**

Due to **Tuberculous affecting bladder** — **18 yrs.**

Due to _____

Other conditions: **Chronic cystitis** — **16 yrs.**
(Include pregnancy within 3 months of death)

Major findings: **20A**

Of operations _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury **Q**

23. Signature **M. J. Haw, Jr.** (M. D. or ~~Dr.~~) **Mo.**

Address **Bonne Terre, Mo.** Date signed **7/2/47**

RECEIVED

District Health Officer No. 4

District File Number 847-999

Date Filed 8-4-47

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

J. T. Dayer

Licensed Embalmer No. 3660

P. O. Address Deleage, 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.