

No. 2
-1/47
-17-39

33590

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1947
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 207

Primary Registration District No. 5019

1. PLACE OF DEATH:

(a) County Andrew County
(b) City or town Rural, Rochester Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 1/2 Mi. N.W. of Avenue City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural, Rochester Township
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 Mi. N.W. of Avenue City, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Grace Miller

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 29 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

12. Name Albert S. Miller

13. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Gnuschke

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

16. (a) Informant Bert E. Miller

(b) Address R.R. #1, Cosby, Mo.

17. (a) Burial (b) Date thereof 10/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch Cemetery

18. (a) Signature of funeral director Heaton Benjamin
(b) Address St. Joseph, Mo.

19. (a) 10-22-47 (b) William Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1947 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Oct 17 1947
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound through brain by 22 rifle

Due to
Due to

Other conditions within 3 months of death

Major findings: 1640
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct. 17-47
(c) Where did injury occur? Cosby Andrew Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm
(Specify type of place)

While at work? (e) Means of injury gun
23. Signature W.P. Kelley M. D. or other) 3
Address Savannah Mo. Date signed 10-21-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Francis J. Weyland Jr......, Registered Apprentice No. *444*
working under my personal supervision.

Signed..... *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 S. 10th, St. Joseph, 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.