S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33749

Primary Registration District No. 1000

Registrar's No. 1235

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leon Rest Home 624 Prospect Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not 60 days (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Henry Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Elgin Miller
3. (b) If veteran, name war None
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 Finis A. Miller
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased October (Month) 7 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	0	3	hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name William E. Ricketts
13. Birthplace Unknown (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name Nancy Gardner
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. J.K.Douglas
(b) Address 1117 Henry St., St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.13,1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Walter Neuhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 10-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1947 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from Oct. 1, 1947 to Oct. 10, 1947 that I last saw her alive on Oct. 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca. of bladder	1 yr.
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 52B	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. [illegible] (M. D. or other)
Address 41 Kirkpatrick Bldg St. Joseph, Mo Date signed 10/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address 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.