

FILED NOV 19 1947

Registration District No. **102**

Primary Registration District No. **5594**

Registrar's No. **33**

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

1. PLACE OF DEATH:

(a) County **JEFFERSON**
(b) City or town **RURAL MERAMEC TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Own Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **entire life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON**
(c) City or town **RURAL**
(If outside city or town limits write "RURAL")
(d) Street No. **HILLSBORO MO RR#2**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **88** years.

8. (a) PRINT FULL NAME **CAROLINE MILLER**

8. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **EDW. MILLER** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **FEB 16**
(Month) (Day) (Year)

8. AGE: Years **88** Months **8** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **BELEWS CREEK MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **OWN HOME**

12. Name **JOSEPH BECHLER**

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

14. Maiden name **ERNESTINE ALBERTS**

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

16. (a) Informant **Caroline Miller**
(b) Address **Hillsboro Mo RR#2**

17. (a) **Burial** (b) Date thereof **OCT 22 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Local Cemetery**

18. (a) Signature of funeral director **Wm. G. Gorman**
(b) Address **House Springs**

19. (a) **OCT 22 47** (b) **Phil J. Kirk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22** year **1947** hour _____ (minute) _____ M.

21. I hereby certify that I attended the deceased from **Jan 1947** to **Oct 20 1947** and that death occurred on the date and hour stated above. **Oct 18 1947**

Immediate cause of death **Myocarditis**

Due to **Hypertension**
Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93P**

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?

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

23. Signature **T. B. Edwards** (M. D. or other) **Edwar Hill**
Address _____ Date signed **10/20/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
NOV 18 1947
Date Filed

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 John H. Brimmer
Licensed Embalmer, No. 1470
P. O. Address House Springs, Ark.

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, above space should be left blank.