No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39150

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 378

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 East 4th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ida Benedict 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: Widow
6. (b) Name of husband or wife: Lawrence L. Miller
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased: August 14, 1872 (Month) (Day) (Year)
8. AGE: Years 75 Months 2 Days 24 If less than one day hr. min.
9. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Zarry Benedict
FATHER 13. Birthplace: unknown, Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Malinda McNutt
MOTHER 15. Birthplace: Benton County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Spencer Miller (son)
(b) Address: Windsor, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor Cemetery Windsor, Mo.
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 11/10/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1947 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Over 2 years, 19 to Nov 8, 1947 that I last saw her alive on Nov 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cardiac Asthma	5 years
Major findings: Of operations: None	
Of autopsy: None	

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): None
(b) Date of occurrence:
(c) Where did injury occur? None (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: 0
23. Signature: Jos B. Carlile M.D. (M. D. or other) M.D.
Address: Sedalia Mo Date signed 11-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-18-47

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 Warren K Dietz, Registered Apprentice No. 20, working under my personal supervision.

Signed Viviane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.