S. No. 2
1—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44019

Primary Registration District No. 3026

Registrar's No. 158

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Vernon
(c) City or town: Nevada (If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lora Wilson Miller
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~
6. (b) Name of husband or wife: Ed Miller
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: November (Month) 10 (Day) 1878 (Year)

8. AGE: Years 69 Months 0 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Rich Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Joseph Wilson
13. Birthplace: Mackinaw (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Adaline East
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Josephine Reed
(b) Address: Rich Hill, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 9 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Rich Hill, Missouri
18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada, Missouri
19. (a) 12-12-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov. 30 1947 to Dec 6 1947 that I last saw her alive on Dec. 6 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 da
Due to: Arteriosclerosis	✓
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
(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: C.R. King (M. D. or other)
Address: Nevada, Mo. Date signed: 12-9-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-47-1447
Date Filed 12-12-47

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.