

FILED JAN 27 1948

Registration District No. 137

Primary Registration District No. 5522

Registrar's No. 3

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

43
0
0

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Cross Timbers
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 / 24 - 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 28 If less than one day
hr. min.

9. Birthplace St Clair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation John A Suten

11. Industry or business Retired

12. Name John A Suten 9

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

14. Maiden name CRISTIE McHousen

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

16. (a) Informant Suten Miller

(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof 12-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers Cemetery

18. (a) Signature of funeral director Robert Hathaway

(b) Address Wheatland Mo

19. (a) Jan 16 1948 (b) Robert W. Hargis
(Date received local registrar) (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Cross Timbers
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/15 1947 to 12/22 1947
that I last saw her alive on 12/20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Subar Hemorrhage

Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ggs

Of autopsy

Duration 3 days
2700

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?

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

23. Signature Dr. A. L. Blase (M. D. or other)
Address Wagona Mo Date signed 12/24/47

RECEIVED

District Health Officer No. 7,

District File Number 12-47-3064

Date Filed 1-21-48

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.....

Ernest B. Ahernathy

Registered Apprentice No. 419

working under my personal supervision.

Signed *Chas. Gilbert Kethaway*

Licensed Embalmer No. 4267

P. O. Address *Wheatland, 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.