

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

FILED FEB 3 1948

Registration District No. 18

Primary Registration District No. 5070

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural-
(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 56 years
(Specify whether years, months or days)
 In this community 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME IDA ELSIE MILLER

3. (b) If veteran, name war XXX
 3. (c) Social Security No. XXX

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Noah Miller
 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 29 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Barton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name T. L. McDonald
 13. Birthplace Barton County, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Elliott
 15. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Noah Miller
 (b) Address _____

17. (a) Burial (b) Date thereof Jan 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery, Golden City, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
 (b) Address Lamar, Missouri

19. (a) JAN 9 - 1948 (b) Mary Annantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
 year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 3, 1947, to Jan. 4, 1948
 that I last saw her alive on Jan. 4, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pancreas Duration 2 mo +

Due to _____

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Cancer of Pancreas
Of operations: (Curio of Kansas Hospital, Dec 10, 1947)
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? _____

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

23. Signature Jern T. Bichel (M. D. or other) M.D.

Address Lamar, Mo. Date signed 1/9/48

RECEIVED

District Health Officer No. 6,
District File Number 148-126
Date Filed JAN 29 1948

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.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed.....

Carl J. Kanantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.