

Registration District No. 325

Primary Registration District No. 4476

Registrar's No. 112

1. PLACE OF DEATH

(a) County Schuyler
(b) City or town Downing
(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 _____ (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Downing Mo 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

Luetta 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 Married

6. (b) Name of husband or wife Lewis Miller

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 24 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Phillip Blaine

13. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Cuthilla

15. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Miller

(b) Address Downing Mo

17. (a) Burial (b) Date thereof Jan 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bible Grove with Barkin

18. (a) Signature of funeral director Memphis Mo

(b) Address _____

19. (a) Jan 6/48 (b) Ms. A. Drake
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1948 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Jan 3 1948 to Jan 3 1948
that I last saw her alive on Dec 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration
caused, from being
labeled with cancer
Due to of Dr. H. S.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: H&E
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 -
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 H. E. Gerwig Mo
Address Downing Mo Date signed 1/3/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 1
District File Number 1-48-61
JAN 14 1948
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..... *Fred Luth*

Licensed Embalmer No. *4256*

P. O. Address... *Memphis*

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.