FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3785

Registration District No. 366 — Primary Registration District No. 4536 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Potosi 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Pattay Ann Miller
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Girl
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 4 (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Potosi (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name James Otto 9
13. Birthplace Caledonia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betty Jane Miller
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Myrtle Miller
(b) Address Potosi Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonick
18. (a) Signature of funeral director Sparks
(b) Address Potosi
19. (a) 1-10-48 (Date received local registrar) (b) Helen Kendall 405 (Registrar's signature) MB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1947 hour ..... minute 8 P M.
21. I hereby certify that I attended the deceased from 1-1- 1948 to 1-1- 1948 that I last saw her alive on 1-1- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	9
Due to: Organism not identified.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature Ed L. Wallace (M. D. or other) M.D.
Address Potosi, Mo Date signed 1-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 148-72

Date Filed 1-14-48

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.....

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

working under my personal supervision.

Signed Murphy L Sparks

Licensed Embalmer No. 4239

P. O. Address Flat River Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.