S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12188
Registrar's No. 369

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burger-Connelly 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 4 months

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 5 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Caddie Frances Yarbrough Miller
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 9
6. (b) Name of husband or wife John R. Miller
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 80 Months ? Days ? If less than one day ... hr. ... min.

9. Birthplace Christian County, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation served in War department
11. Industry or business none
FATHER
12. Name Jerome Yarbrough
13. Birthplace Christian County, Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mary Steele
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant (sister) Rose Steinert
(b) Address Route 8 Springfield Mo.
17. (a) Reinsidal (Burial, cremation, or removal) (b) Date thereof 5/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cemetery St. Louis
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 630 St. Louis St.
19. (a) 5/4/48 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 5:30 minute a M.
21. I hereby certify that I attended the deceased from Month 1948 to May 2 1948 that I last saw her alive on Sun May 1 of 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gen Sensibility	1 yr
Due to Paralysis	6 mo
Due to arthritis	1 yr
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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)
While at work? — (e) Means of injury —
23. Signature S. F. Freeman (M. D. or other)
Address Springfield Mo Date signed 5/3/48

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

JUN 10 1948

NOV 22 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 Richard E. Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jewell E. Wheels

Licensed Embalmer No. 2831

P. O. Address Springfield 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.