

FILED JUL 9 1948

State File No. \_\_\_\_\_

Registration District No. 340

Primary Registration District No. 6152

Registrar's No. 38

1. PLACE OF DEATH:  
(a) County Stoddard  
(b) City or town Rural (Liberty)  
(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 \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard 103  
(c) City or town Rural (If outside city or town limits, write "RURAL") 000  
(d) Street No. R.F.D. # 2, Dexter, Mo. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie May Miller

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. E. Miller 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 7 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 4 16 hr. min.

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

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

12. Name Jesse Patterson

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

14. Maiden name Mary Holt

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

16. (a) Informant E. E. Miller

(b) Address R.F.D. # 2, Dexter, Mo.

17. (a) Burial (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Mo.

19. (a) 7-2-48 (b) Velma V. Jankus  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-8  
1948, to \_\_\_\_\_, 19\_\_\_\_.  
that I last saw her alive on 6-23-48, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral anemia Duration 12 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 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 \_\_\_\_\_

(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 [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 4/29/48

RECEIVED  
District Health Office No. 2,  
District File Number 742-839  
Date Filed 7-7-48

MAY 27 1949

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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Revere, Mass.

**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.