FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 428

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 22855

Registrar's No. 628

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: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community Majority of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2043 East Avenue 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Ella W. Miller
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John F. Miller
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased December (Month) 28 (Day) 1879 (Year)

8. AGE: Years 68 Months 7 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housewife
FATHER
12. Name H.C. Wheeler
13. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jean Cunningham
15. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sam Hartman
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Timber Ridge
18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 7-31-48 (Date received local registrar) (b) W. Z. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr, 1948, to July 28th, 1948, that I last saw her alive on 7-28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal-Vascular Disease	4 mo
Due to	
Due to	
Other conditions: Chr Hypertrophic Arthritis (Include pregnancy within 3 months of death)	20 yr

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)
While at work? (e) Means of injury

23. Signature Max Tilt (M. D. or other) M.D.
Address Springfield Mo Date signed 7-30-48

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

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

AUG 9 1971

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.....Ogle Sloane Jr.

Licensed Embalmer No.....4176

P. O. Address.....Springfield

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.