

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 21 1948

Registration District No. 22489

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33574

Primary Registration District No. 5791

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Moniteau Co.
 (b) City or town High Point - Harrison Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 31
 (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)

3. (a) PRINT FULL NAME NELLIE MARIE MILLER

3. (b) If veteran,

3. (c) Social Security No.

name war.....

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced married

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

6. (c) Age of husband or wife if

Stanley Miller alive..... years

7. Birth date of deceased.....

Dec 19 1897 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 9 19 hr. min.

9. Birthplace.....

Moniteau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation.....

Housewife

11. Industry or business.....

12. Name.....

Dr. J. C. Reichel

13. Birthplace.....

Cde Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name.....

Elizabeth James

15: Birthplace.....

Cde Co. Mo. (City, town, or county) (State or foreign country)

16: (a) Informant.....

Stanley Miller

(b) Address.....

High Point Mo.17. (a) Burial (b) Date thereof 10-7-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

High Point Cem.

18. (a) Signature of funeral director.....

Hugh E. Williams

(b) Address.....

California Mo.19. (a) 10/8/48 (b) C. H. Hall

(Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau
 (c) City or town High Point
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
 year 1948 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from May 20, 1948, to Oct. 4, 1948
 that I last saw her alive on Oct. 4, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death: traumatic convulsions
followed by coma
 Due to.....

Due to Chronic Nephritis
with Hypertension
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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?..... Means of injury.....
 23. Signature Walter L. Leuk (M. D. or other).....
 Address Russellville Mo Date signed 10-6-48

Duration

24 hrsDon't know

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

NOV 17 1948

Date Filed 10-20-48
District File Number

District Health Officer

OCT 21 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

Registered Apprentice No.

working under my personal supervision.

Signed Hugh E. Hillman

Licensed Embalmer No. 3537

P. O. Address California 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.