FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 35989

Registrar's No. 250

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 24 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Narcissus Jane 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: Widowed
6. (b) Name of husband or wife: William Jasper Miller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 12 1858
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	9.	25	hr. min.

9. Birthplace: Camdenton Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Joseph Earp
13. Birthplace: Tenn
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant: Samuel D. Miller
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-9-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Victor Brendel
(b) Address: Jefferson City, Mo.
19. (a) 11-9-48 (Date received by local registrar) (b) R. G. Harris, M.D. (Registrar's signature)
Emma Chesterfield
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 6 day Nov
year 1948 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 28, 1948 to Nov 6, 1948, that I last saw he alive on Nov 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	6 Mo
Due to: Pneumonia Lobar	
Due to: fractured hip	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN: Underline the cause of death which should be charged statistically.

22. If death was due to external causes, fill in the following: 121
(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: M. A. Aldridge (M. D. or other)
Address: Jefferson City, Mo Date signed 11/7/48

Jefferson City Printing Co.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 19 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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.

o. 2B
-3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 250

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Narcissus J. Millen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 12 (Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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) No but post accidental
(b) Date of occurrence June 28 1948
(c) Where did injury occur? Jefferson City Cole Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home City, her room (Specify type of place)
While at work? No (e) Means of injury fall

23. Signature M R Aldridge (M. D. ~~[illegible]~~)
Address Jefferson City Mo Date signed 11/26/48

SUPPLEMENTARY

5-35989