

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41765

State File No. ....

66  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>2044</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bedou</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedou</u> 66			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FANITA</u>		b. (Middle) <u>LORAIN</u>		c. (Last) <u>MILLER</u>	
		4. DATE OF DEATH		(Month) <u>DEC. 10</u>		(Day) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
				<u>Single</u>		<u>June 20, 1898</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		12. CITIZEN OF WHAT COUNTRY?	
<u>Photographer</u>		<u>Photography</u>		<u>51</u>		<u>U.S.A.</u>	
10. BIRTHPLACE (State or foreign country)		11. NAME OF HUSBAND OR WIFE		13. MOTHER'S MAIDEN NAME		14. NAME OF FATHER'S NAME	
<u>Missouri</u>		<u>None</u>		<u>Margaret Jones</u>		<u>Samuel H. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
				<u>W. L. Allen M.D.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>3 Days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>arterio Sclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				<u>331X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1949, to <u>Dec 10</u> , 1949, that I last saw the deceased alive on <u>Dec 10</u> , 1949, and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. L. Allen M.D.</u> (Degree or title)				23b. ADDRESS <u>Bedou Mo.</u>		23c. DATE SIGNED <u>Dec 12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 12, 1949</u>		<u>Bedou</u>		<u>Bedou Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Dec. 12, 49</u>		<u>Alberetta Walt</u>		<u>James H. Phillips</u>			

RECEIVED  
DEC 23 1949  
District Health Officer No. 91  
District File Number

**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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edison*

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.