

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Cassell

(b) City or town Cassell

(c) Name of hospital or institution: South Side Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs  
(Specify whether years, months or days)

8. (a) PHENT FULL NAME Whilmena M Miller

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 11-29-1891  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Berman Dreble

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

14. Maiden name Johanna Ottman

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

16. (a) Informant's own signature William Miller

(b) Address Cassell Mo.

17. (a) Burial (b) Date thereof 7-30-89  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

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

(b) Address Cassell Mo.

19. (a) 7-29-1939 (b) Wuth Haskins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassell

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27  
year 1939 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1939, to July 27, 1939  
that I last saw her alive on July 27, 1939  
and that death occurred on the date and her state, above.

Immediate cause of death \_\_\_\_\_  
Septic coming infection of

Due to of the bowels

Due to tribal erysipelas

Other conditions (Include pregnancy within 3 months of death)

Major findings: gall stones 4 in

Of operations: None

Of autopsy: None

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)

23. Signature J. H. Haskins (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Address Cassell Mo. Date signed 7/29/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number 8/2/39  
Date Filed

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2575

P. O. Address Cancelled

**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, above space should be left blank.**