

Registration District No. 609

Primary Registration District No. 4363

State File No. \_\_\_\_\_

Registrar's No. 143

1. PLACE OF DEATH:  
(a) County NEWTON  
(b) City or town NEOSHO  
(c) Name of hospital or institution:  
SALE - BOWMAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 DAY  
In this community 2 YEARS 4 MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME HELEN CELIA MILLER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife CRUME K. MILLER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEBRUARY 1 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name DAVID F. GERRISH  
13. Birthplace LEBONON MAINE  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH ANN FROST  
15. Birthplace ACTON MAINE  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martine F. Gerrish  
(b) Address 364 So Ripley Neosho Mo

17. (a) Burial (b) Date thereof 12-1-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkwood Missouri

18. (a) Signature of funeral director Carley Thompson  
(b) Address Neosho Mo

19. (a) 11-29-39 (b) Orval R. Sale  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County NEWTON  
(c) City or town NEOSHO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 364 So Ripley St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 72 YEARS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day November  
year 1939 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 19  
1939 to Nov. 28, 1939;

that I last saw her alive on Nov. 28, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
Duration About 1 wk.

Due to Influenza

Due to \_\_\_\_\_

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) None

(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) (e) Means of injury \_\_\_\_\_

28. Signature Orval R. Sale (M. D. or other) \_\_\_\_\_

Address Neosho, Mo. Date signed 11/29

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2578

Date Filed DEC 13 1939

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.....

*Gail K. Gay*

Registered Apprentice No. 189

working under my personal supervision.

Signed

*Barry Thompson*

Licensed Embalmer No. 3259

P. O. Address Neesh 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, above space should be left blank.