

Registration District No. 5 711

Primary Registration District No. 2940

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Hooker
(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 _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski
(c) City or town Hooker
(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 4 day 4
year 1940 hour _____ minute 1 PM.
21. I hereby certify that I attended the deceased from May 4, 1940 to May 4, 1940

that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death mitral dilatation Duration _____

Due to Broncho Pneumonia

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) _____
(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 _____
23. Signature A. J. Greider (M. D. or other) _____
Address W. Ex. No. 1234 Date signed 5-7-40

8. (a) PRINT FULL NAME Sada Lucille Miller 460
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William T. Miller 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 3 (Month) 27 (Day) 1870 (Year)

8. AGE: Years 70 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Cork Island Ireland (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Mary Martin

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

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

(b) Address Hooker, Mo.

17. (a) Goodale (b) Date thereof 5/6/1940
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Goodale Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.
19. (a) 572 (b) A. J. Greider
(Date received local registrar) _____ (Registrar's signature)

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.

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.....

May 4, 1940

Registered Apprentice No.....

working under my personal supervision.

RECEIVED

Signed *Fred D. Gilbert*

District Health Officer No. 5,

Licensed Embalmer No. 2341

District File Number *640 642*

Date Filed *6640*

P. O. Address *Dixon, 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.