

OCT 10 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
222 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Infant 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 Single

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

7. Birth date of deceased September 16, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 21 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Miller

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

14. Maiden name Mona Gold

15. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Miller
(b) Address 222 Park

17. (a) Burial (b) Date thereof 9-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery Thornhill-Dillon Mort.

18. (a) Signature of funeral director _____
(b) Address Joplin, Mo.

19. (a) 10-2-40 (b) Ed D. Jarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th
year 1940 hour 6:20 PM minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1940, to Sept. 17, 1940, that I last saw her alive on Sept. 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Heart and Respiratory failure

Due to Craniorachischisis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W. E. Hember D.D. (M. D. or other) _____

Address 521 - W - 4 Date signed 9-18-40

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

19
75

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..... *David Dillon*.....

Licensed Embalmer No. *3898*.....

P. O. Address *Joplin, 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.

17-1-01