

FILED FEB 10 1942

STANDARD CERTIFICATE OF DEATH

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1013 Penn St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 29 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1013 Penn St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maggie Miller

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John N. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15, 1867.  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Noblick Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Allec Edwards

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

14. Maiden name Mary McMurry

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

16. (a) Informant Miss. Sally Miller

(b) Address 1013 Penn St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Budig

(b) Address 1802 Union Str. St. Joseph, Mo.

19. Jan. 26, 1942 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th  
year 1942 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from 12-13  
1940 to 1-25 1942  
that I last saw her alive on 10-20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Complete heart failure Duration 1 day  
Due to Hypertension, arteriosclerosis 10 yrs.

Due to Angina pectoris 4 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations [check]  
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 Thomas Richmond (M. D. or other) [Signature]  
Address 327 Kirkpatrick Bldg Date signed 1-26-42

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

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**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.....

*Albert R. Harrington*

Licensed Embalmer No.....

*3228*

P. O. Address.....

*St. Joseph, 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, fact should be so stated above.**