

FILED SEP 14 1943

State File No.

Registration District No. 341

Primary Registration District No. 30 75

Registrar's No. 38

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County STODDARD
(c) City or town DEXTER
(If outside city or town limits, write "RURAL")
(d) Street No. WALNUT ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLEN JANE 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 WIDOWED
6. (b) Name of husband or wife JOSEPH W MILLER 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased MAY 21 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

12. Name WM. J. RANEY
13. Birthplace TENN. (City, town, or county) (State or foreign country)
14. Maiden name MARGARET TOWELL
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant MRS J. G. WEST
(b) Address DEXTER, MO

17. (a) BURIAL (b) Date thereof 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DEXTER CEMETERY

18. (a) Signature of funeral director BLANKENSHIP STRICKLAND
(b) Address DEXTER, MO

19. (a) 9-2-43 (b) NOLA SMITH
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 23
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 18 1943 to Aug. 23 1943
that I last saw her alive on Aug. 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy NO

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 J. Carrison (M. D. or other) MD
Address DEXTER Date signed 9/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1154

RECEIVED

District Health Office No. 2,

District File Number 943-1185

Date Filed 9-13-43

OCT 22 1943

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 J. J. Shullard

Licensed Embalmer No. 3479

P. O. Address Wester, 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.