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FILED MAY 26 1944
Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community 12 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1110 Olive Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Helen Joan Miller
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 Single

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

7. Birth date of deceased: May 10 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 12 hr. 5 min.

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

10. Usual occupation None

11. Industry or business _____

12. Name William Edward Miller

13. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Jane Lewis

15. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Lewis

(b) Address 1110 Olive Street

17. (a) Burial (b) Date thereof May 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thos. E. Sidenpaden

(b) Address 602 South 10th Street

19. (a) 5-12-44 (b) Mrs. Helen J. Decker
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1944 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from 5/10/44 at 11:40 A.M.
19 5/10/44 to 5/10/44 at 11:35 P.M.
that I last saw h. or alive on 5/10/44 19 5/10/44
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY
Duration 12 hrs.

Due to _____

Due to _____

Other conditions 159
(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)
(c) Means of injury _____

23. Signature W. M. Lamberson
(M.D. or other) _____

Address Kingwood, Mo. Date signed 5/11/44

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

MOTHER FATHER

1377

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

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.