

34107

State File No. _____

FILED NOV 7 1946

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 124

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
419 Polk Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. 419 Polk Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Luella May Miller
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month October day 20
 year 1946 hour 6 minute 00 P. M.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced M /
 6. (b) Name of husband or wife John Thomas Miller
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased May 3, 1946
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1946
 _____, 19____, to October 20, 1946
 that I last saw her alive on October 20, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 5 17 hr. min.

Immediate cause of death	Duration
<u>Chronic parenchymatous nephritis</u>	<u>8 yrs</u>
<u>Due to arteriosclerotic heart disease</u>	<u>15 yrs</u>
<u>Due to pyelonephritis</u>	<u>10 yrs</u>

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

Other conditions vascular hypertension 15 yrs
 (Include pregnancy within 3 months of death)
nephrolithiasis 5 yrs
 PHYSICIAN

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Jacob Myers
 13. Birthplace Ohio
 14. Maiden name Nettie Smith
 15. Birthplace Ohio

Major findings:
 Of operations none
 Of autopsy none 131A
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Flossie DeRome
 (b) Address Chillicothe, Mo.

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?
Mo.

17. (a) Burial (b) Date thereof 10/23/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rose Hill, Brookfield

While at work _____ (Specify type of place)
 (e) Means of injury 2

18. (a) Signature of funeral director Rusk Funeral Home
 (b) Address Brookfield, Mo.

23. Signature Joseph E. Prior (M. D. or other) D.O.
 Address 1225 Jackson St. Date signed 10/22/46
Chillicothe, Mo.

19. (a) Oct-22-46 (b) Francon B. Neill
 (Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH DEPARTMENT
CARD # 762

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.