No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40981

Registration District No. FILED JAN 15 1947

Primary Registration District No. 5575

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Grandview (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Swanskoff Clinic (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 — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Gashland (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Ann Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife George F. Miller

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 17 (Day) 1868 (Year)

8. AGE: Years 78 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Richard Clevenger
13. Birthplace Ray County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hill
15. Birthplace Ray County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Davidson

(b) Address Gashland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) Jan. 6. 1947 (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1946 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 10-16-46, 19, to 12-29, 1946 that I last saw her alive on 12-28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
Due to Intestinal obstruction	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy not done

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury 2

23. Signature Donald Field (M. D. or other)

Address Smithville, Mo. Date signed 12-30-46

136

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1964

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: Roland R Speaks

Licensed Embalmer No. 3604

P. O. Address Indep 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.

No. 2B
1—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 87

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Grandview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Ann Miller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) 1868 (Year)
8. AGE: Years 78 Months 6 Days 12 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 29 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal obstruction
Due to malignancy of colon
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
46E

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Donald Hall (M. D. or other)
Address Smithville, Mo. Date signed 1-16-47

39794

40981