

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED MAR 25 1947

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville

(c) Name of hospital or institution St Joseph Hospital

(d) Length of stay: 2 mo in hospital or institution. (Specify whether years, months or days)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town New Franklin

(d) Street No. 1

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Minnie W Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 22 1946 to Feb 13 1947 that I last saw her alive on Feb 13 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Dec 5 1874

Immediate cause of death: myocarditis pneumonia

Due to cardio-vascular-renal disease

Due to arterio-sclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>8</u>	hr. min.

Other conditions: N.P.N. retention

Major findings: Bloody serous

Of operations: 1300 c.c. fluid from Rt Pleural

Of autopsy: \_\_\_\_\_

9. Birthplace: Illinois

10. Usual occupation: Housewife

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

12. Name: W.E. Thompson

13. Birthplace: Pa.

14. Maiden name: Mauda Kimberlin

15. Birthplace: Bellevue, Kas.

16. (a) Informant: Mrs Ralph Scott

(b) Address: New Franklin, Mo.

17. (a) Burial (b) Date thereof: Feb 15-47

(c) Place: burial or cremation: Warrensburg Mo.

18. (a) Signature of funeral director: W. S. Baller

(b) Address: Boonville, Mo.

19. (a) 2-14-47 (b) D. Cooper

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: J. R. Chamberlain (M. D. or other)

Address: New Franklin Date signed: 2-14-47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-22-47

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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 \_\_\_\_\_

*J. Goodman*

Licensed Embalmer No. 1178

P. O. Address. Branville

**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.**