

FILED JUL 26 1948

Registration District No. 170

Primary Registration District No. 5986

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Tavern Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Delitha Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex XF / 5. Color or race W. / 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Oct. 25 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Harrison Hedrick
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Harris
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Miller
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 7-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director J.L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 1-24-48 (b) Delma C. Buckthorpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 9:15 minute 24 M.

21. I hereby certify that I attended the deceased from Oct. 19 47 to July 6 1948
that I last saw her alive on July 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremic Poisoning Duration 3 mo.
Cardio-Vascular-Renal Disease 5 Yrs.

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature John A. Pichalewski (M.D. or other) DO
Address Crocker, Mo. Date signed 7-7-48

PLEASE PRINT - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Proctor, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.