

Registration District No. 5-5

Primary Registration District No. 30.11

Registrar's No. 143

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
(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 _____ (Specify whether years, months or days)
 In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Carroll
 (c) City or town Carrollton
(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 Lucy Pearl Miller
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 29
 year 1942 hour 4 minute 25 P.M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married 3 divorced
 (b) Name of husband or wife Wm Miller 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Dec. 19 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29 1942 to Nov 29 1942
 that I last saw her alive on Nov 29 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Cerebral embolism
 Due to cause unknown
 Duration few minutes

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

Other conditions §3a
(Include pregnancy within 5 months of death)

10. Usual occupation At Home
 11. Industry or business _____
 12. Name J. B. Dickson
 13. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Hellie Stator
 15. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy no autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hugh Dickson
 (b) Address Carrollton Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cem

(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? _____

18. (a) Signature of funeral director Stator
 (b) Address Carrollton Mo
 19. (a) 12-1-42 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature R. Hamilton
 Address Carrollton Mo Date signed _____

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

17

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-10-42

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: Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. Carrollton 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.