No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 2917

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5875

Primary Registration District No. 6022

Registrar's No. 14

1. PLACE OF DEATH

(a) County Ray
(b) City or town Rural - Richmond Rtn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2½ miles S-W Rayville R.F.D. #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days) 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2½ Miles S-W Rayville R.F.D. #2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

89 00 02

3. (a) PRINT FULL NAME NANCY ELLEN MILLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

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

7. Birth date of deceased Jan (Month) 15 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
88	0	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Grace Miller
(b) Address Rayville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery Rayville

18. (a) Signature of funeral director Hunt-Kile Co.
(b) Address Richmond, Missouri

19. (a) Feb 13 1948 (Date received local registrar) (b) Mrs Adel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 10 year 1948 hour 10:05 minute P M.

21. I hereby certify that I attended the deceased from Feb. 7, 1948, 19..., to Feb. 10, 1948, 19...; that I last saw her alive on Feb. 10, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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 0

23. Signature G. C. Gay (M. D. or other) M. D.
Address Gay Bldg, Richmond, Mo. Date signed 2/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 3-3-48

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.....

Licensed Embalmer No. 4066

P. O. Address.....

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.

S. No. 2B
M—3-45
1 43880

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. March

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Ray Rural

(b) City or town (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 Nancy E 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 wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 15 (Month) (Day) (Year)

8. AGE: Years 88 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

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 Jan 15 Day

year 1948 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.

Duration

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 10 M

Major findings:
Of operations

Of autopsy

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 C. C. Day (M. D. or other)

Address Date signed

SUPPLEMENTARY

1948
S-5875