

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

No. 2
47
7-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 21 1948

Registration District No. 2489

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5791

33574

State File No.

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town High Point - Harrison Township
(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)

3. (a) PRINT FULL NAME NELLIE MARIE MILLER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stanley Miller 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Dec. 19, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dr. J. C. Reichel

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

14. Maiden name Elizabeth James

15. Birthplace Cole Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Miller

(b) Address High Point Mo.

17. (a) Burial (b) Date thereof 10-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cem.

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California, Mo.

19. (a) 10/8/48 (b) C. H. Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town High Point
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1948 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from May 20, 1948 to Oct. 4, 1948
that I last saw her alive on Oct. 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Convulsions
followed by Coma
Due to:

Chronic Nephritis
with Hypertension
Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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? Means of injury

23. Signature Walter L. Leslie (M. D. or other)

Address Russellville Mo Date signed 10-6-48

Duration
24 hrs

Don't
know

PHYSICIAN
Underline the cause of which death should be charged statistically.

NOV 17 1948

Date Filed 10-20-48

District File Number

District Health Officer

OCT 21 1948

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 Hugh E. Williams
Licensed Embalmer No. 3537

P. O. Address California 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.