

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 533

Primary Registration District No. 5714

Registrar's No. 102

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Rural Eagle Twp.
(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 Mo. (b) County Macon
 (c) City or town Macon Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Eagle Township
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Irvin J. Miller 460
 3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. 26, 1939.
 year 3:45 P. hour M. minute _____ M.
 21. I hereby certify that I attended the deceased from Oct - 20
1939 to Nov - 26 1939;
 that I last saw him alive on Nov 25 1939
 and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mada A. Miller
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased April 22, 1868
(Month) (Day) (Year)

Immediate cause of death Hemorrhage from laceration
 Duration _____
 Due to Cirrhosis of the Liver
 Due to _____

8. AGE: Years 70 Months 7 Days 4
 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations None
 Of autopsy None

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Daniel Miller
 18. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
 { 14. Maiden name Catherine Miller
 15. Birthplace Pa.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Mada Miller
 (b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 11/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakwood Cem.

18. (a) Signature of funeral director Albert Skinner
 (b) Address Macon, Mo.

19. (a) 12/6/39 (b) Deata Kountan
(Date received local registrar) (Registrar's signature)

23. Signature A. L. Cambre (M. D. or other) _____
 Address Macon Mo Date signed Dec-5-39

PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2137

Date Filed DEC 9 1939

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. 75-1

P. O. Address Macon

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, above space should be left blank.

Dr. Cambria