

AY 15 1940

Registration District No. 174

Primary Registration District No. 4103

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rothville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(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

8. (a) PRINT FULL NAME James Arthur Miller <sup>460</sup>

8. (b) If veteran name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 1 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 8 17 hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name James Earl Miller

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

14. Maiden name Opal Fern Ingerson

15. Birthplace Humiston MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Earl Miller

(b) Address Rothville

17. (a) Burial (b) Date thereof Apr 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rothville

18. (a) Signature of funeral director James M Laughlin <sup>167</sup>

(b) Address Marion

19. (a) Apr 23 (b) C D Stratton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Chariton  
(c) City or town Rothville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month April day 18  
year 1940 hour about 3 minute \_\_\_\_\_ a.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.

Immediate cause of death Violence  
300 ft and decided  
accidental smothering  
Due to by red clothes, was  
cause of death  
Due to \_\_\_\_\_

Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

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 U. G. Duck (M. D. or other) \_\_\_\_\_  
Address Rothville, MO Date signed 4-19-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
Date Filed 5-13-40  
File Number

**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.....

P. O. Address.....

**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, above space should be left blank.**