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REG OCT 18 1940

284

Primary Registration District No. 4168

State File No. _____

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Deerblin

(b) City or town Clarkston Mo.
(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 20
(Specify whether)

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME WILLIAM R MILLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced - maried

6. (b) Name of husband or wife Lessie Miller

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 27 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Miller

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

14. Maiden name DK

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

16. (a) Informant My Thomas Miller

(b) Address Pizzatt

17. (a) Stanfield (b) Date thereon Sept 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Gray

(b) Address Pizzatt

19. (a) 9-5-40 (b) J B Stemmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deerblin

(c) City or town Clarkston
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1940 hour 19 minute 30 P M.

21. I hereby certify that I attended the deceased from 19
_____, 19____, to _____, 1935;
that I last saw him alive on Sept 2nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
entire abdomen

Due to Carcinoma of
Sigmoid

Due to _____

Other conditions 46
(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?
258
While at work? _____ (Specify type of place)

23. Signature J B Stemmer (M. D. or other) MD

Address Clarkston Date signed 9-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 1040-12

Date Filed 10/7/40

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

George Jensen

Registered Apprentice No. _____

working under my personal supervision.

Signed George Jensen

Licensed Embalmer No. Arkansas

P. O. Address Biggs Ark

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, fact should be so stated above.