

Registration District No. 6721

Primary Registration District No. 4403

1. PLACE OF DEATH:

(a) County PHILIPS
(b) City or town ROLLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROLLA MCFARLAND HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community 2 DAYS
years, months or days)

8. (a) PRINT FULL NAME WILLIAM FRANKLIN MILLER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AMANDA MILLER 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased FEB. 26 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 2 If less than one day hr. min.

9. Birthplace BRUSHY PRAIRIE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name JOHN MILLER
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA REYNOLDS
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant LEVERINE MILLER
(b) Address KANSAS CITY MO.

17. (a) BURIAL (b) Date thereof OCT. 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEM. EV. CEM.

18. (a) Signature of funeral director W. F. Batten

(b) Address Quensville Mo.

19. (a) OCT. 31 1940 (b) Joe F. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD
(c) City or town OAK HILL
(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 OCT. day 28
year 1940 hour 8:12 minute P.M.

21. I hereby certify that I attended the deceased from Oct 27
1940 to Oct 28 - 1940
that I last saw him alive on Oct 25 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration: 12 hrs

Due to Phlebotic effusion

Due to influenza

Other conditions: 11/2
(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 3

(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? 610

(Specify type of place) While at work _____ (e) Means of injury _____

28. Signature Wallace H. Brewer (M. D. or other)

Address St. James Date signed 10-29-40

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

RECEIVED

District Health Officer No. 5,

District File Number 11401157

Date Filed _____

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 Me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Milford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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, above space should be left blank.