No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41796

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 285

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

1. PLACE OF DEATH: BOONE 2
(a) County
(b) City or town COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO "FLORA BLDG"
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BOONE
(c) City or town COLUMBIA
(If outside city or town limits, write "RURAL")
(d) Street No. FLORA BLDG. 8th & Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? LIFE years.

3. (a) PRINT FULL NAME GEORGE W. MILLER
3. (b) If veteran, name war SPANISH AM.
3. (c) Social Security No. 486-18-5312
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MONTIE MILLER
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased DECEMBER (Month) 2nd (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	26	hr. min.

9. Birthplace CALLAWAY COUNTY (City, town, or county) MO (State or foreign country) 0
10. Usual occupation CARPENTER 0
11. Industry or business 1
FATHER
12. Name DR GEORGE D MILLER 9
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANNA BAKER
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)
16. (a) Informant Erbie E Miller
(b) Address COLUMBIA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 31-40 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM
18. (a) Signature of funeral director R Olvieco
(b) Address COLUMBIA MO
19. (a) 12/31/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28th
year 1940 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from 12/27/40, 19__, to 12/28/40, 19__;
that I last saw him alive on Dec 28th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Phil. Lobar Pneumonia

Due to

Due to 108

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 G A Mofford (M. D. or other) M.D.
Address Columbia Mo. Date signed

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 [signature]

Licensed Embalmer No. 3183

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.