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JAN 25 1940

State File No.

Registration District No. 284

Primary Registration District No. 5404B

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin Co.

(b) City or town Holcomb Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
residence
(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

3. (a) PRINT FULL NAME Richard L. Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-10-5737

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 26, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation WPA worker

11. Industry or business _____

MOTHER FATHER

12. Name Barney Miller

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

14. Maiden name D.K.

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

16. (a) Informant Mrs. Jane Miller

(b) Address Holcomb Mo.

17. (a) burial (b) Date thereof 12-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield cemetery

18. (a) Signature of funeral director W. J. Anderson

(b) Address Madison Mo.

19. (a) 1-10-41 (b) W. J. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Holcomb
(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 Dec. day 16 year 1940 hour 7:30 minute _____ M.

21. I hereby certify that I attended the deceased from 12/16/40 to _____, 19____, at _____, 19____.

that I last saw him alive on 12/16/40, and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of p. artery

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration 12 1/2

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? _____

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

23. Signature W. J. Anderson (M. D. or other) 3

Address Holcomb Mo. Date signed _____

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

RECEIVED

District Health Officer No. 2,

District File Number 141-121

Date Filed 7/14/41

*Please fill out
Permit - Available
in a few minutes*

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 with the above constitutes grounds for revocation of license.)

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