

REG JAN 10 1941
Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution St. Johns.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME Harold R. Miller

3. (b) If veteran, name war No

3. (c) Social Security No. 491-01-5967

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Dec. 3, 1905.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>4</u>	<u>2</u>	hr. min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Auto Motive Armature Works

12. Name Lon Miller

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

14. Maiden name Clara B. Rusk.
(State or foreign country)

15. Birthplace Jasper County Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Miller

(b) Address 2101 Connor, Joplin Missouri.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec. 6, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery Hurlbut Und. Co;

18. (a) Signature of funeral director Joplin Missouri.

(b) Address _____

19. (a) 12-5-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. 2101 Connor Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5, 1940.
year 1-55 hour A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8/11/40 to 12/5/40; that I last saw him alive on 12/5/40 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Duration _____

Due to _____

Due to _____

Other conditions [Handwritten]
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? 372

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address 616 First St Bldg Joplin Mo. Date signed 12-5-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *James E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, fact should be so stated above.