

4-18-40
-17-39
X23159

State File No. _____

Registration District No. 475

Primary Registration District No. 5739

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(c) Name of hospital or institution:
3 miles southwest of Verona, Mo
(d) Length of stay: In hospital or institution at home
In this community 90 yrs and 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Verona
(d) Street No. Verona Route 2
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Jacob 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 widowed
6. (b) Name of husband or wife Loraine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 1850

8. AGE: Years 90 Months 7 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Lawrence, Mo

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Miller
13. Birthplace unknown
14. Maiden name Rebecca Forbes
15. Birthplace unknown

16. (a) Informant Lawrence Miller
(b) Address Verona Route 2

17. (a) Burial (b) Date thereof Dec 16 1940
(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director Walter J. Marsh
(b) Address 229 W. Church St. Verona, Mo

19. (a) Dec 15-40 (b) A. J. Pudis

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 2 1940 to December 14 1940 that I last saw him alive on December 14 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

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

23. Signature W. J. Marsh (M. D. or other) W. J.
Address U.S. Court St Date signed 12/16/40

Duration

2 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 141-88

Date Filed JAN 10 1941

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

Myself

Registered Apprentice No.

none

working under my personal supervision.

Signed

Oscar L. Marsh

Licensed Embalmer No.

3812

P. O. Address

Aurora 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.