

JAN 20 1940  
Registration District No. 279

Primary Registration District No. 30-29 5735 Registrar's No. 352

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Residence RR#1  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Massonri (b) County Marion

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Bond Miller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9  
year 1940 hour 12 minute 45 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Ada Miller 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 30, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 23-40  
1940, to Dec 9-40, 1940;  
that I last saw him alive on Dec 9-40, 1940,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Myocardial Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

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

11. Industry or business \_\_\_\_\_

12. Name John William Miller

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

14. Maiden name Mary Helme Frye

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant W.D.C. Miller

(b) Address R.R. # 1 Hannibal Missouri

17. (a) Burial (b) Date thereof 12-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravewood Park

18. (a) Signature of funeral director Lawford Smith

(b) Address 9202 Broadway Hannibal Missouri

19. (a) Dec 14 40 (b) W.C. Graham  
(Date received local registrar) (Registrar's signature)

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? Yes

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W.D.M. Macke (M. D. or other) 1

Address Hannibal Mo Date signed 12/14/40

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

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 A Moles*

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

**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.**