

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3950
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 5
(b) Township Union Primary Registration District No. 5940 Registered No. 3
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth 1 1/2 yrs. mos. ds.

2. PRINT FULL NAME George R. Miller

(a) Residence, No. Rural St. (If nonresident, give city or town and State) 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
98 7 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John C. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Nancy Dudley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Howard Miller
Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Cemetery DATE 1-5 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H. Gilbert
Dixon, Mo.

20. FILED 7/11 1941 A. S. Link Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1941, to Jan 3, 1941
I last saw him alive on Jan 3, 1941. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Diphtheria
Date of onset 3/7/41

Other contributory causes of importance:
Diphtheria

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. S. Link M. D.
(Address) Dixon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File No. 241295

Date Filed

RECEIVED

District Health Officer No. 5,

District File Number 241295

Date Filed

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,

January 3, 1941

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.