

Registration District No. 416

Primary Registration District No. 4248

19  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sarcosie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life 40 years. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Sarcosie 00  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME WILLIAM FRANKLIN MILLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-07-8680

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased April 21 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monticello Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

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

12. Name Dean Miller 9  
13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Martha Barr  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Chas Miller Miller

(b) Address Sarcosie, Missouri

17. (a) Burial (b) Date thereof Feb. - 19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcosie Cemetery

18. (a) Signature of funeral director Mr. G. S. Call

(b) Address Sarcosie, Missouri

19. (a) 2/19/41 (b) Max Lewis Broadway  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Feb 41  
year 1941 hour 6:27 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 3 1939 to Feb. 17 1941; that I last saw him alive on Feb. 3 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to acute dilatation of heart  
Due to Had stroke of paralysis 1939  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. B. Wood (M. D. or other) D  
Address Sarcosie Mo Date signed 2-17-41

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

**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.....

*Glen C. Cale*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Glen C. Cale*

Licensed Embalmer No. *3708*

P. O. Address *Sarasota, Fla*

**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.