

MAILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15723**

Registration District No. **273**

Primary Registration District No. **6018A**

Registrar's No. **64**

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town RURAL ST FRANCOIS TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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 GEORGE MILLER

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

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

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14th
(Month) (Day) (Year) 1862

8. AGE: Years 78 Months 9 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Henry Miller

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

14. Maiden name Margaret Burges

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

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piney Knob, Mo.

18. (a) Signature of funeral director Dixon Funeral Co.

(b) Address Fredericktown, Mo.

19. (a) Apr 22-41 (b) T. S. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1941 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 4-17-41
_____ 19____, to 4-22-41 19____;
that I last saw him alive on 4-22-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile psychosis with terminal exhaustion.

Bilateral massive lower lobar pneumonia (terminal) 1 day

Due to Carcinoma left lower lip Unknown
Chronic nephritis. Hypertensive heart disease (arteriosclerotic).

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

Major findings: NO
Of operations NO
Of autopsy NO

PHYSICIAN
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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

(Specify type of place) (Specify type of place)
While at work? NO (Specify type of place) (Specify type of place)
Means of injury NO

23. Signature [Signature] (Name of physician)
Address Fredericktown, Mo. Date signed 4/24/41

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 *William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown Md*

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.