

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(c) Name of hospital or institution:  
1242 N. Ash  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 8 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Nev (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1242 N. Ash  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew Jackson Miller

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lena Miller 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased about 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 77 years min.

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

10. Usual occupation Retired Farmer

11. Industry or business Retired

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Lena Miller

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 4/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferris Funeral Home

(b) Address Nevada, Mo

19. (a) 4-25-41 (b) Allen V. Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,  
year 1941 hour 4:55 minute A M.

21. I hereby certify that I attended the deceased from 4-6, 1941, to 4-7, 1941,  
that I last saw him alive on 4-6, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure due to Aortic Regurgitation

Due to Central nervous system syphilis

Other conditions (Include pregnancy within 3 months of death) 2D

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? Yes  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles Davis (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 4-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8  
-  
2

RECEIVED

District Health Officer No. 7,

District File Number 5-41-798

Date Filed 5-7-41

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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 \_\_\_\_\_

*Lloyd P. Winsett*

Licensed Embalmer No. 3857

P. O. Address Merada, 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.