No. 2
-13-40
-17-39
X23159

Dr. Focht

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25176

Registration District No. 944 Primary Registration District No. 5438 Registrar's No. 54

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

1. PLACE OF DEATH

(a) County GREENE

(b) City or town Springfield- Taylor Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Route # 9
(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 no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Miller

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 28 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	22	hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hembade
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Annie Miller
(b) Address Route # 9 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) July-23-41 (Date received local registrar) (b) Harry Grier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from June 15 1941 to July 20 1941; that I last saw him alive on July 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis chronic	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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 R. H. Focht (M. D. or other) M.D.
Address Strafford Mo. Date signed 7/23/41

150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File No. 41-8 ~~44~~ 82
Date Rec'd 8/7/41

July-23-

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.