

FILED AUG 15 1941  
Registration District No. 423

Primary Registration District No. 5578

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL ROCK TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ROCK TOWNSHIP  
(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)

3. (a) PRINT FULL NAME MAX MILLER

8. (b) If veteran, name war -- 8. (c) Social Security No. --

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

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years ABOUT 68 Months -- Days -- If less than one day hr. min.

9. Birthplace SAXON GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

12. Name UNKNOWN  
13. Birthplace " (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant REV G. H. MILLER  
(b) Address BARNHART MO

17. (a) BURIAL (b) Date thereof JULY 10 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEM ANTONIA MO

18. (a) Signature of funeral director HEILIGTAG FUN. HOME

(b) Address KIMMSWICK MO

19. (a) JULY 9 - 41 (b) Phil J. Kirk  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL.")  
(d) Street No. NEAR MAXVILLE, MO  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 2 yrs - 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1941 hour 4:00 minute -- M.

21. I hereby certify that I attended the deceased from 1939  
to July 9, 1941;  
that I last saw him alive on July 8 - 1941, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis  
Duration

Due to 930

Due to Senility

Other conditions Senility  
(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) (Means of injury)

23. Signature Phil J. Kirk (M. D. or other) 10  
Address Kimmswick Mo Date signed 7/9/41

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

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 Arthur W. Herbig  
Licensed Embalmer No. 3872  
P.O. Address Kinniswood

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.