

2
-40
-39
123199
10
0
3

FILED SEP 12 1941
Registration District No. 1103

Primary Registration District No. 6186

Registrar's No. _____

1. PLACE OF DEATH: Washington
 (a) County Franklin
 (b) City or town Washington, Sullivan, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 years,
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: Washington 110
 (a) State Missouri, (b) County Franklin
 (c) City or town Sullivan,
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Miller,
 3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 12th.
 year 1941 hour 9 minute _____ p. a. m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Miller 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April, 16th, 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7
 _____, 1941, to Aug 12, 1941
 that I last saw him alive on Aug 8, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 3 26 _____ hr. _____ min.
 9. Birthplace Salem Mo. _____
 (City, town, or county) (State or foreign country)

Immediate cause of death
Coronary Arteriosclerosis 3.5 yr.
 Due to Hypertension
 Due to Coronary Arteriosclerosis ?
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer.
 11. Industry or business _____
 12. Name George Miller
 13. Birthplace Germany _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria Woliver
 15. Birthplace Missouri, _____
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations 1318
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Campbell,
 (b) Address Sullivan, Mo.
 17. (a) Burial (b) Date thereof 8-15-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sullivan, Mo.
 18. (a) Signature of funeral director J. Williams
 (b) Address Sullivan, Mo.
 19. (a) 8-10-41 (b) J. O. Harmon
 (Date received local registrar) (Registrar's signature)

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?
 _____ (Specify type of place) (e) Means of injury (A)
 23. Signature W. A. D... M. D. or other
 Address Dr. ... Mo Date signed 8/12/41

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.....

J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, Mo.

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

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