

FILED OCT 14 1941

Registration District No. 89

Primary Registration District No. 8007

Registrar's No. 362

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four hours
(Specify whether
In this community Quilin Community, 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Quilin, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sidney Edward Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 5, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>11</u>	hr. _____ min.

9. Birthplace Near Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

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

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

16. (a) Informant Eldon Miller
(b) Address Quilin, Mo., R. F. D.
17. (a) Burial (b) Date thereof Sept. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery, Pottard, Ark.

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff, Missouri

19. (a) 9-18-41 (b) Belle Kessel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 16th
1941, to Sept 16 1941;
that I last saw him alive on Sept 16th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Hypertension + Arteriosclerosis years

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 Frank E. Dunell (M. D. or other) MD
Address Poplar Bluff Hospital Date signed 9/18/41

RECEIVED.

District Health Office No. 2,

District File Number 1041-1385

Date Filed 10/8/41

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.....

Howard A. Cooper.

Licensed Embalmer No. 3996

P. O. Address..... 412 Vine, Poplar Bl

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

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