Dr. Albert Marian

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

Registration District No. 667

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32039

Primary Registration District No. 4334

Registrar's No. 48

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

**1. PLACE OF DEATH:**
(a) County: Mississippi
(b) City or town: East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 90 yrs

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Mississippi
(c) City or town: East Prairie Mo. 667
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location) 2 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN ABRAHAM MILLAR.
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: none

4. Sex: M 0
5. Color or race: W
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: Feb. (Month) 12, (Day) 1851 (Year)

8. AGE: Years 90. Months 7. Days 4. If less than one day ____ hr. ____ min.

9. Birthplace: Mississippi Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business: ____

FATHER
12. Name: Abraham Miller
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Kendrick
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gertrude Mitchell
(b) Address: East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: W.O.W. East Prairie
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.
19. (a) 10-16-1941 (Date received by local registrar) (b) Mrs D M Hodge (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 16th year 1941 hour 9.40 minute P. M.
21. I hereby certify that I attended the deceased from Sept 12, 1941, to Sept 16, 1941 that I last saw him alive on Sept 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to: inflammation of old age.
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____

Duration

Major findings:
Of operations: ID
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? (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: A. J. Martin (M. D. or other)
Address: East Prairie Mo. Date signed 10/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1041-1433
Date Filed 10/14/41

JUL 25 1982

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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, fact should be so stated above.**