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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34483

Registration District No. 104 | Primary Registration District No. 3008 | Registrar's No. 282.

1. PLACE OF DEATH:

(a) County: CALLAWAY
(b) City or town: FULTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 NICHOLS (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: LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CALLAWAY
(c) City or town: FULTON (If outside city or town limits, write "RURAL")
(d) Street No.: 706 NICHOLS (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: EMMITT B. MILLER
3. (b) If veteran, name war: X X
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: HATTIE E. MILLER
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: MAY (Month) 28 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	21	____ hr. ____ min.

9. Birthplace: CALLAWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING

MOTHER FATHER
12. Name: WARD A. MILLER
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARY JANE PATTON
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. E. B. Miller
(b) Address: Fulton, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: HILLCREST CEMETERY
18. (a) Signature of funeral director: Leon Wallace
(b) Address: FULTON, MISSOURI
19. (a) Oct. 21, 1941 (Date received local registrar) (b) R. H. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1941 hour 2:30 minute PM M.
21. I hereby certify that I attended the deceased from April 12 1940 to Oct. 19 1941 that I last saw him alive on Oct. 19 at 1:00 PM 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dyspepsia	2 hrs.
Causing heart failure	
Due to: Pernicious Anemia	8 yrs.
Chronic Interstitial Nephritis	20 yrs.
Due to: Primary Lateral Sclerosis	12 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: N/A
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: D. A. Squires (M. D. or other) DO
Address: Fulton, Mo. Date signed 10/20/41

106 (Licensed Embalmer's Statement on Reverse Side)

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.....Elbert E. White

Licensed Embalmer No.....4168

P. O. Address.....Fulton, 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.