

FILED JAN 23 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 324

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 4 m 29 d
 (Specify whether _____)
 In this community 1 yr 4 m 29 d
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike 18
 (c) City or town Louisiana Rural 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. about 7 miles W. of Paris, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Adam Miller
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Dec. day 1
 year 1941 hour 3 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from 11-28, 1941, to 12-1, 1941;
 that I last saw him alive on 12-1, 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Abie Olive Miller
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased June 3 1872
 (Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia Duration 5 days

8. AGE: Years 69 Months 5 Days 28
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions Simple Psychosis
 (Include pregnancy within 3 months of death)

9. Birthplace Pike County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings: _____
 Of operations _____
 Of autopsy 107
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
 12. Name John J. Miller
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace AK
 (City, town, or county) (State or foreign country)

16. (a) Informant Record
 (b) Address Record
 17. (a) Record (b) Date thereof 12 3 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Germany Mo.

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? _____

18. (a) Signature of funeral director James V. Starnes
 (b) Address Louisiana Mo.
 19. (a) Dec 1, 1941 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury 3
 23. Signature George J. Deuro (M. D. or other) Mo
 Address Fulton Mo. Date signed 12-1-41

14
 1
 2
 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 Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.