

FILED MAR 13 1942

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1918 N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Golden City
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leroy A. Miller

3. (b) If veteran, name war No 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 Anna Miller 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Sept 27th, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 13 If less than one day
hr. min.

9. Birthplace Manteno, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul McNier
(b) Address Springfield, MO.

17. (a) Burial (b) Date thereof 2-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery, Lamar,

18. (a) Signature of funeral director River Funeral Home,
(b) Address Lamar, MO.

19. (a) 2-12-42 (b) A. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1942 hour 3:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from
January 3 1942 to February 10, 1942;
that I last saw him alive on February 9, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Instant

Due to Auricular Fibrillation 1 year

Due to _____

Other conditions Arteriosclerosis 10 years
(Include pregnancy within 3 months of death)

Major findings: 94a
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? 10.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature LeRoy B. Wells (M. D. or other) 0
Address Springfield, Mo. Date signed 3/4/42

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

39
2
6

JUL 27 1948

OCT 28 1947

OCT 5 1948

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 *R. W. River*

Licensed Embalmer No. *3141*

P. O. Address *Lansar 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.

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