

FILED MAR 18 1942
Registration District No. 274

Primary Registration District No. 465

Registrar's No. 5-

94
5
2

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

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Flat River, Mo.
 (c) Name of hospital or institution: AC HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME A. MERICUS G. MILLER
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife _____ **(c)** Age of husband or wife if alive _____ years

7. Birth date of deceased. _____ (Month) _____ (Day) _____ (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Mining

11. Industry or business _____

MOTHER FATHER

12. Name Francis Miller
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. G. Miller
(b) Address Flat River Mo.

17. (a) Burial **(b) Date thereof** 2/11/42
 (Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation Marion Cemetery

18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo.

19. (a) 2-10-42 **(b)** Gyrdie S. Burkhardt
 (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
 (c) City or town Flat River
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Oct 1
1939 to Feb 6, 1942
 that I last saw him alive on Feb 4, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chd myocarditis Duration _____

Due to _____

Due to _____

Other conditions Sensibility
 (Include pregnancy within 3 months of death) 93 d

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?
 _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature C. H. Hays (M. D. or other) MO
 Address Flat River MO Date signed 2.10.42

RECEIVED
District Health Officer No. 4
District File Number 342 298
Date Filed 7-11-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.