

APR 13 1942

Registration District No. 547

Primary Registration District No. 57323029

Registrar's No. 72

1. PLACE OF DEATH:

(a) County... Marion  
(b) City or town... Hannibal City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence West Ely Gravel Road  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Marion 064  
(c) City or town... Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No... R.R 1 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 12  
year... 1942 hour... 8 minute... 00 AM.

21. I hereby certify that I attended the deceased from  
Nov 23 1941 to March 12 1942  
that I last saw him alive on March 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death...

*Mycobacteriosis*  
Due to...  
Due to...

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)  
*Pneumonia, Fracture of spine, Gastritis*  
Major findings:  
Of operations...

Of autopsy...

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature... (M. D. number)  
Address... Date signed...

3. (a) PRINT FULL NAME... William Charlea Miller

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... Male 0 5. Color or race... White 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Elena 6. (c) Age of husband or wife if alive... 31 years

7. Birth date of deceased... January 25, 1909 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 1 17 hr. min.

9. Birthplace... Marion County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business...

12. Name... Charles Bond Miller

13. Birthplace... St. Charles Missouri (City, town, or county) (State or foreign country)

14. Maiden name... Lucy Ada Maupin

15. Birthplace... Marion County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Wm. C. Miller

(b) Address... R.R. 1 Hannibal

17. (a) Burial (b) Date thereof... 3/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation... Grandview Burial Park

18. (a) Signature of funeral director... Crawford Smith

(b) Address... 902 Broadway Hannibal

19. (a) 3/14/42 (b) Robt. W. Connor (Date received local registrar) (Registrar's signature)

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 James A. Moles  
Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

**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.**