

FILED MAY 14

Registration District No. 1

Primary Registration District No. 3020

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Cune-Brooks
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1045 Clinton
(If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1942 hour 7 : minute 20 P.M.

21. I hereby certify that I attended the deceased from
Jan. 31, 1942 to April 18, 1942
that I last saw him alive on April 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver with metastases Duration 4 mo

Due to: H6 f

Other conditions: none

Major findings: Of operations PHYSICIAN _____
Of autopsy 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: none
(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: George H. Daed (M. D. or other) MD
Address 304 Grand St Date signed 4/20/42

3. (a) PRINT FULL NAME ARTHUR LEONARD MILLER, SR.

3. (b) If veteran, name war No 3. (c) Social Security No. 490-10-0146

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

6. (b) Name of husband or wife Trella Eckert 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: November 6, 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 12 If less than one day hr. _____ min. _____

9. Birthplace: Carterville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Gas Service Co. Salesman

11. Industry or business: None

12. Name: Jacob G. Miller

13. Birthplace: Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Mittie C. Flesher

15. Birthplace: Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A. L. Miller

(b) Address: 1045 Clinton, Carthage, Mo

17. (a) Burial (b) Date thereof: April 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: PARK CEMETERY

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: 1208 S. Garrison, Carthage

19. (a) April 20, 1942 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

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

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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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage 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.