

FILED JUL 23 1942 040

Registration District No. _____ Primary Registration District No. 5849 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural Osage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76

(c) City or town Linn
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adam Montgomery Miller

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Aug 31 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>22</u>	_____.hr. _____.min.

9. Birthplace Osage co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel B. Miller

{ 13. Birthplace Osage co. Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Anderson

{ 15. Birthplace Osage co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Anderson

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 6-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Useful Mo

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo

19. (a) June 24-42 (b) E. J. [Signature]
(D to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from November 5, 1941 to June 23, 1942 that I last saw him alive on June 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to _____

Due to _____

Other conditions 9503
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury 2

23. Signature Norman W. Baldwin (M. D. or other) D.O.

Address Linn Mo Date signed 6-23-42

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.....

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, fact should be so stated above.