

FILED AUG 19 1942

Registration District No. 588

Primary Registration District No. 3026

Registrar's No. 133

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

59
1
2

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 days
Specify whether
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Alfred Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>3</u>	<u>29</u>	hr. min.

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

10. Usual occupation Freight checker

11. Industry or business _____
MOTHER FATHER { 12. Name Arthur Clyde Miller
13. Birthplace Meadville, MO
(City, town, or county) (State or foreign country)
14. Maiden name Juanita Hope Seabolt
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur C. Miller
(b) Address Meadville, Mo.

17. (a) Burial (b) Date thereof Aug 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meadville, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) Aug 4-1942 (b) Loa Ella Curry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Meadville
(If outside city or town limits, write "RURAL")
(d) Street No. R. R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 29 1942 to Aug 1 1942
that I last saw him alive on Aug 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus Septicemia
Due to _____
Due to _____
Duration 8 days

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 24a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Chillicothe Mo Date signed 8-1-42

DEC 29 1947

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

W. J. Shaw

Licensed Embalmer No. *2876*

P. O. Address *Toledo, Ind.*

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.