

FILED NOV 11 1942

Registration District No. **354**

Primary Registration District No. **6198**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **TEXAS**  
(b) City or town **RURAL CASS WVA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **684RS**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE WASHINGTON MILLER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ADELINE MILLER** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **OCT 4 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **23** Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER { 12. Name **ROBERT MILLER**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Alva Hall**

(b) Address **HOUSTON, MO**

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

(c) Place: burial or cremation **OZARK**

18. (a) Signature of funeral director **Rayford V. Elliott**

(b) Address **HOUSTON, MO**

19. (a) **11/2/42** (b) **Mrs. Lou Miller**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **TEXAS**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1/2 MI SO. GROGAN, MO**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **26**  
year **1942** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic carcinoma**  
**found in woods near**  
**from house**  
Other conditions (Including pregnancy, if applicable) **no other**  
Major findings: Of operations **928**  
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 \_\_\_\_\_  
23. Signature **R. Hubbard** (M. D. or other) \_\_\_\_\_  
Address **Greenville MO** Date signed **11/2/42**

RECEIVED

District Health Officer No. 5.

District File 1142983

Date Filed 11-10-42

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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.....

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.**