

FILED JAN 7 1943

Registration District No. 100

Primary Registration District No. 3018

33

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(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)
In this community 22 years years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Salem Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John M. Miller

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. None

4. Sex M Color or White
5. Color or _____

6. (b) Name of husband or wife Cassilda Austin
6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 30 1961
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Olemiss, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
18. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Missouri State Health Commission

(b) Address Salem Mo.

17. (a) Burial (b) Date thereof 12-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedar Shore

18. (a) Signature of funeral director Habon & Shalton

(b) Address Salem Mo.

19. (a) 12-19-42 (b) J. D. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 12-14, 1942, to 12-18, 1942

that I last saw him alive on 12-14, 1942

and that death occurred on the date and hour stated above.
Immediate cause of death gastric hemorrhage Duration 3 days

Due to Carcinoma stomach

Due to _____

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

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 J. D. Miller (M. D. or other) D.O.
Address Salem, Mo. Date signed 12-18-42

RECEIVED

District Health Officer No. 5

District File Number 14313

Date Filed 12-6-73

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.