

FILED FEB 13 1943

Registration District No. 47 Primary Registration District No. 2164

400
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural -- Fulton Rt. 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 1/2 Mile N. W. Fulton
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural -- Fulton Rt. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7 1/2 Mile N. W. Fulton
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN SAMUEL MILLER

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

4. Sex Male 5. Color or race White 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 Feb 21 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Warder W. Miller

13. Birthplace Callaway Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Baker

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

16. (a) Informant Bonnie Bartley

(b) Address Fulton Rt. 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43
(Month) (Day) (Year)

(c) Place: burial or cremation Richland Christian Ch.

18. (a) Signature of funeral director L. S. Wallace

(b) Address Fulton, Mo.

19. (a) Jan 7 - 1943 (b) John Samuel Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1943 hour about 5 minute a M.

21. I hereby certify that I attended the deceased from May 1946 to Jan 6 1943
that I last saw him alive on Jan 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronche pneumonia Duration 2 days

Due to myocarditis
arteriosclerosis

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

Major findings:
Of operations _____
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 W. S. Seers (M. D. or other) _____
Address Fulton Mo Date signed 1-7-43

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Elbert E. White

Licensed Embalmer No. *4168*.....

P. O. Address..... *Putton, 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.