

ED MAR 12 1943

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barry County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Purdy, Mo. R#
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Albert Riley Miller
(b) If veteran, name war No.
(c) Social Security No. 489-24-8201

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 18
year 1943 hour 4 minute 5 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Neva Miller
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April 7 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 5, 1943, to Feb 18, 1943; that I last saw him alive on Feb 18, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 10 11 hr. min.

Immediate cause of death
Myelogenous Leukemia
acute Duration 3 wks

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

Due to _____
Due to _____

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) 74a

11. Industry or business _____

12. Name Henry Miller

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Edna Packwood

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

16. (a) Informant Neva Miller

(b) Address Purdy, Mo. R#

17. (a) Burial (b) Date thereof Feb. 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director Wm Morris Bequa
(b) Address Wheaton, Mo.

19. (a) Feb. 25-1943 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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 Seow Newman (M. D. or other)
Address Cassville, Mo Date signed 2-24-43

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

MOTHER FATHER

1015

RECEIVED

District Health Officer No. 6

District File Number 343-368

Date Filed MAR 11 1943

MAR 17 1943

FEB 16 1949

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 Myself,
....., Registered Apprentice No.
working under my personal supervision.

Signed Willie Morris Payne
Licensed Embalmer No. 3842
P. O. Address Wheaton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.