

FILED MAR 10 1943

Registration District No. _____ Primary Registration District No. **5373** Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **DeKalb (Camden) Imp**
 (b) City or town **Maysville (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DeKalb County Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DeKalb 32**
 (c) City or town **Maysville (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alexander Miller**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **O W** 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 **Sept 17 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **New Pittsburg Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business _____

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

16. (a) Informant **Records Social Security Office**
 (b) Address **Maysville, DeKalb Co. Mo.**

17. (a) **Burial** (b) Date thereof **2 1 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn, Maysville**

18. (a) Signature of funeral director **Pilcher Funeral Home**

(b) Address **Maysville Mo**

19. (a) **2-5-43** (b) **Embalmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31**
 year **1943** hour **1** minute **A** M.

21. I hereby certify that I attended the deceased from **1/15/43**
 19____ to **1-30** 19**43**
 that I last saw him alive on **Jan. 30** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Stenosis**
 Due to **Bronchial Asthma**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

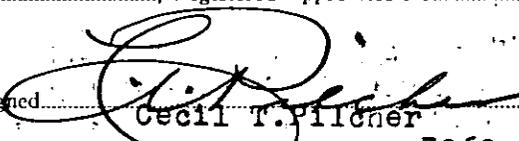
While at work? _____ (e) Means of injury _____

23. Signature **P. L. Perkins** (M. D. or other)
 Address **Clarke Dale Mo.** Date signed **2/5/43**

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

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.....

Cecil T. Pletcher
Licensed Embalmer No. 3960
P. O. Address..... Maysville 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.