

FILED MAY 14 1943

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 142

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff Hospital
(d) Length of stay: In hospital or institution: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Butler
(c) City or town: Fisk
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Frank Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: male, Color or race: white
5. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: May 1 1943

8. AGE: Years, Months, Days, If less than one day, hr., min.

9. Birthplace: Poplar Bluff Mo

10. Usual occupation

11. Industry or business

12. Name: Dede Miller
13. Birthplace: Butler Co. Mo
14. Maiden name: Fisk English
15. Birthplace: Butler Co. Mo

16. (a) Informant: Dave Miller
(b) Address: Fisk Mo
17. (a) Burial, (b) Date thereof: 5-2-43
(c) Place: burial or cremation: Ash Hill Cem

18. (a) Signature of funeral director: M. Shaw
(b) Address: Fisk Mo
19. (a) 5-3-43, (b) Belle Kimmel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May, day: 1, year: 1943, hour: 12, minute: 1, M.

21. I hereby certify that I attended the deceased from May 1 1943, to May 1 1943, that I last saw him alive on May 1 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia

Due to: Failure of respiratory function to reestablish itself.

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

Major findings: Of operations: 16/0
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: W. J. ... (M. D. or other)
Address: Poplar Bluff, Mo Date signed: 5/3/43

Duration: 1 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2,
District File Number 542-692
Date Filed 5-13-48

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, fact should be so stated above.