

LED JUL 21 1943

Registration District No. 2-6-369

Primary Registration District No. 6-7-8-6246

Registrar's No.

1. PLACE OF DEATH:

(a) County. Washington
(b) City or town. Rural: Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles N.W. of Bismarck
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Washington
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of Bismarck
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas 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. married

6. (b) Name of husband or wife. Delia Miller 6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased. October 4 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation. retired farmer

11. Industry or business.

12. Name. James F. Miller
13. Birthplace. unknown
(City, town, or county) (State or foreign country)
14. Maiden name. unknown
15. Birthplace. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Paul Miller
(b) Address. Bismarck Mo.

17. (a) burial (b) Date thereof. 6-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bismarck Mo.

18. (a) Signature of funeral director. White & Hill

(b) Address. Bismarck Mo.

19. (a) 6-20-43 (b) W. J. P. Yeargan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. June day. 27
year. 1943 hour. 12 minute. 00 A. M.

21. I hereby certify that I attended the deceased from 12-25 1942 to June 27 1943
that I last saw him alive on 6/26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Accompany of him

Due to Senility

Due to Senility

Other conditions. H6
(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?
.....
(Specify type of place)

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

23. Signature. James W. Hoffman (M. D. or other)
Address. Bismarck Mo. Date signed. 7/28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

509

RECEIVED

District Health Officer No. 4
District File Number 743-24
Date Filed 2-19-43

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, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

C. J. Hill

Licensed Embalmer No. 1852

P. O. Address Bismarck 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.