

FILED DEC 29 1943 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Pacific
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Frank Miller

3. (b) If veteran, name war None 3. (c) Social Security No. 718-07-7491

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 28 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 19 _____ hr. _____ min.

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

10. Usual occupation Section Foreman - G.M. & O

11. Industry or business _____

MOTHER FATHER { 12. Name George L. Miller
13. Birthplace Florence Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ellison
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.B. Miller

(b) Address Baldwin, Illinois

17. (a) Removal (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 18 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph
(c) City or town Baldwin
(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 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-16, 1943, to 12-17, 1943;
that I last saw him alive on 12-17, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration

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 Harold Steyer (M. D. or other) _____

Address 1755 S. Grand Date signed 12-17-43

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.....

John Agonochi
.....
Licensed Embalmer No. *2398*
.....

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.