

FILED JAN 12 1943

Registration District No. 16

Primary Registration District No. 4082

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Bogard, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll
 (c) City or town Bogard
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Thomas MILLEY
 3. (b) If veteran, name war No.
 3. (c) Social Security No. 710.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 16
 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 1-10-40 to 12-1-43
 that I last saw him alive on Dec 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife _____
 6. (c) Age of ~~husband~~ or wife if alive 69 years
 7. Birth date of deceased: July 5 1871
(Month) (Day) (Year)

Immediate cause of death
cardiac failure due to over exertion
 Due to myocardial infarct. 3yr. Insufficiency of eye
 Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
72 5 5 hr. _____ min.
 9. Birthplace Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy g2 b
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation FARMER
 11. Industry or business _____
 12. Name William Miller
 13. Birthplace Don's Knov. (City, town, or county) (State or foreign country)
 14. Maiden name Mary
 15. Birthplace Don's Knov. (City, town, or county) (State or foreign country)

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?

16. (a) Informant Pauline Miller
 (b) Address Bogard, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19, 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Colona
 18. (a) Signature of funeral director E. A. Deussen
 (b) Address Bogard Mo.
 19. (a) 12-18-43 (Data received local registrar) (b) Max James Roffely (Registrar's signature)

23. Signature A. H. Hamilton (Specify type of place) (City or town) (County) (State) (D. or other)
 Address Carrollton Mo Date signed Dec 19, 1943

1003

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-47

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: Ed DeKorser

Licensed Embalmer No. 2534

P. O. Address Bogard MD

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.