

FILED JAN 10 1944

Registration District No. **526**

Primary Registration District No. **6209**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural, Piney Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 1/2 miles S. of Houston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 72 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Turbin Miller.

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

4. Sex Male 5. Color or Race White 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 February 12th, 1853.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 5 -- hr. -- min.

9. Birthplace _____ Georgia /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business Farming.

12. Name David Miller,
13. Birthplace _____ Unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name Dont know
15. Birthplace _____ Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cady Hogan.
(b) Address Houston Mo.

17. (a) Burial. (b) Date thereof Dec. 19th, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Cemetary

18. (a) Signature of funeral director H. D. Elliott
(b) Address Houston Mo.

19. (a) 12/18/43 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Rural.
(If outside city or town limit, write "RURAL")
(d) Street No. Six miles south of Houston No. 100.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th.
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 25
1936 to June 10, 1941.
that I last saw him alive on June 10, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death SENILITY

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 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? _____

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature H. M. Dillman (M. D. or other) M.D.
Address Houston Mo. Date signed 12-18

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

MOTHER FATHER

17
0
3

RECEIVED

District Health Officer No. 5,

District File Number 14438

Date Filed 1-9-44

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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, above space should be left blank.