

FILED FEB 1 1949

Registration District No. ....

Primary Registration District No. 4168

Registrar's No. 165

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

1. PLACE OF DEATH:

(a) County DE KALB  
(b) City or town MAYSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DE KALB  
(c) City or town MAYSVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country .....

3. (a) PRINT FULL NAME LOAN BENNETT MILLER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife FRANK MILLER 6. (c) Age of husband or wife if alive years 29  
7. Birth date of deceased FEB - 29 - 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPING

11. Industry or business .....

12. Name JOHN W. BENNETT

13. Birthplace HARRERS FERRY VA (City, town, or county) (State or foreign country)

14. Maiden name ANNIE STILWELL

15. Birthplace TURNEY MO (City, town, or county) (State of foreign country)

16. (a) Informant Mrs. Pearl Miller (b) Address Albany MO

17. (a) BURIAL (b) Date thereof 1-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WACKBANN, MAYSVILLE

18. (a) Signature of funeral director FRANKER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 1-12-44 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 30 year 1943 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 29 43 to Dec 30 43 and that I last saw her alive on Dec 29 43 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 8 days

Due to .....

Due to Cardio-nephritis 7 yrs.

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

Major findings: Of operations 2/2

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) (e) Means of injury .....

23. Signature [Signature] (M. D. or other) Address Maysville Mo Date signed 1/4/49

FEB 3 1944

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**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. *3960*

P. O. Address *Weymouth, 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.**