S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11010

FILED APR 10 1944

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 258

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural, N. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greene County Farm, Route #4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

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

3. (a) PRINT FULL NAME: George E. 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: Widowed
6. (b) Name of husband or wife: unk.
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Unknown (Month) unk. (Day) 1860 (Year)
8. AGE: Years 84 Months unk. Days unk. If less than one day ..... hr. ..... min.
9. Birthplace: unk. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: None
11. Industry or business: .....
MOTHER FATHER
12. Name: George Miller
13. Birthplace: unk. (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: unk. (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Helen Jezzard
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-20-44 (Date received local registrar) (b) for W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1944 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from about November 19 43, to March 19, 1944 that I last saw him alive on March 18, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 days
Due to: Hypertension	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	Unknown

Major findings:
Of operations: .....
Of autopsy: 93d

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....
23. Signature: James R. Cross (M. D. or other)
Address: Springfield, Mo. Date signed: 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Me.

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.