

No. 2  
-2-43  
5-17-39  
I X35697

FILED APR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5540

14.  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town NODAWAY RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town NODAWAY RURAL  
(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 Simon Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased September 23 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marshalltown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Simon Miller

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Miller

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof March 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigab

(b) Address Oregon, Mo.

19. (a) 3-14-44 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1944 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 8/15, 1943 to 3/12, 1944  
that I last saw him alive on 2/12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypostatic Pneumonia</u>	<u>1 week</u>
Due to <u>Chronic myocarditis</u>	<u>10 to 15 years</u>
Due to <u>Liver Atrophy</u>	<u>dysia</u>

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (a) Manner of Injury \_\_\_\_\_

23. Signature Ernest C. Donald (M.D. or other) D.D.  
Address Fullmore, Mo. Date signed 3/17/44

**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

*James H. Pettigoh*

Licensed Embalmer No.....

*3192*

P. O. Address

*Oregon Mo*

**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.**