

FILED MAY 8 1944  
Registration District No. 7/1044

Primary Registration District No. 4136

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Plattsburg  
(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. (Specify whether

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

3. (a) PRINT FULL NAME George Henry Miller

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

4. Sex MALE (1) 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAURA B Miller 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Aug. 20 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Jan Miller

(b) Address Plattsburg mo.

17. (a) Burial (b) Date thereof 4/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg mo.

18. (a) Signature of funeral director Wm. A. C. Hartell

(b) Address Plattsburg mo.

19. (a) 5-14-44 (b) Wm. A. C. Hartell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
(c) City or town Plattsburg mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 28 1944 to Apr 14 1944;

that I last saw him alive on Apr 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
about

Duration 7.5 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9221

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)

23. Signature Wm. A. C. Hartell (M. D. or other) 0

Address Plattsburg Mo Date signed 4-15-44

**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 *Donell D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**