

FILED MAY 8 1944

Registration District No. 732

Primary Registration District No. 3021

246

1. PLACE OF DEATH:

(a) County DRENTON  
(b) City or town DRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
202 West Cranda Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 53 years in community (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Drenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 202 West Cranda Road  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miles M. Miller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, [ ] widowed, married, divorced [ ] Married

6. (b) Name of husband or wife Ella M. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 4, 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 7 If less than one day \_\_\_\_\_ min.

9. Birthplace Lancaster County Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

MOTHER FATHER { 11. Industry or business None

12. Name John M. Miller

13. Birthplace Lancaster County Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Fisher

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

16. (a) Informant Mrs Miles M. Miller

(b) Address Drenton, Mo.

17. (a) Burial (b) Date thereof 4-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grundy Center

18. (a) Signature of funeral director Rayne A. Davis

(b) Address Drenton, Mo.

19. (a) 4-13-44 (b) L. S. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1944 hour 11:15 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 9  
1944 to April 11, 1944  
that I last saw him alive on April 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 6 mo's

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

Other conditions (include pregnancy within 3 months of death)

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 E. A. Duffly (M. D. or other)  
Address Drenton, Mo. Date signed Apr 12 1944

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

**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.....

*Myself*

working under my personal supervision.

Registered Apprentice No.....

Signed *Samuel A. Haines*

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.**