

S. No. 2
M-5-42
v. 5-17-39
P1 X32

27766

State File No.

Registrar's No. 648

FILED AUG 22 1944

Registration District No. 128

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 521 LILLY /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. 521 Lilly
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM DOBSON MILLER
 3. (b) If veteran, NONE name war
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 8
 year 1944 hour 1 minute 00 P. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife SARAH E. MILLER
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased JULY 17, 1863
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 11, 1944 to Aug 8, 1944
 that I last saw him alive on Aug 6, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Cancer of the Colon, Resection from Cancer of the Base

8. AGE: Years 8:1 Months 0 Days 21
 If less than one day hr. min.

Duration 4 4
 Due to.....
 Due to.....

9. Birthplace Douglas Co. Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Rail Road Worker

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

11. Industry or business Rail Road Worker

12. Name James Miller

Major findings: Of operations H&E

13. Birthplace W. Va. Tenn. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Blackburn

15. Birthplace W. Va. Tenn. 1
 (City, town, or county) (State or foreign country)

Of autopsy.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah E. Miller

(b) Address 521 Lilly, Springfield, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof Aug 10-1944
 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

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.....

18. (a) Signature of funeral director J. W. Klugner, Jr.
 (b) Address Springfield, Mo.

19. (a) 8-10-44 (b) 5 W. H. Hurdly
 (Date received local registrar) (Registrar's signature)

23. Signature C. B. Atkins (M. D. or other)
 Address 318 1/2 College Date signed 8/8-44
 Spfld., Mo.

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.....

Ogle Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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.

X