

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Preston Rural Preston Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
11 mile S.W. of Jasper, Mo.
(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 52 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Preston
(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 Willard Franklin Miller

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 19
 year 1944 hour 10 minute 4 M.

3. (b) If veteran, name war None

3. (c) Social Security No. 441-055554

21. I hereby certify that I attended the deceased from Nov 28 1943, to 8/19 1944
 that I last saw him alive on Aug 18 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

Immediate cause of death Pulmonary Tuberculosis
 Duration years

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 21 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 28
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

9. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Mining

Major findings: Of operations _____

11. Industry or business Miner

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

12. Name Marion Miller

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

14. Maiden name Mittie Miller

15. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Westerman

(b) Address Jasper Mo. R.R.#2

17. (a) Burial (b) Date thereof 8-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

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) (e) Means of injury _____

19. (a) Aug. 22 '44 (b) Elizabeth Compline
(Date received local registrar) (Registrar's signature)

23. Signature Allen (M. D. or other) DO
 Address Allen Mo Date signed 8/21/44

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

9
0
0

44-9-106

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 *Samuel R. Stueck*

Licensed Embalmer No. 391

P. O. Address Carthage

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.