

FILED FEB 13 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6293

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sheridan Township--Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 1, Jasper  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Jasper 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME James Madison Miller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Miller

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 5 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Farmer & Stockman

11. Industry or business None

MOTHER FATHER { 12. Name William Miller 9

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

14. Maiden name Anna Kitsmiller

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

16. (a) Informant Mrs. Anna Miller

(b) Address Route 1, Jasper, Mo.

17. (a) Burial (b) Date thereof Jan. 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Jan. 31 '45 (b) E. Elizabeth Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th.  
year 1945 hour 6 minute 30 P-M.

21. I hereby certify that I attended the deceased from Only at time of death 19\_\_\_\_ to 19\_\_\_\_  
that I last saw him alive on 1-15th. 1945 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration \_\_\_\_\_

Due to Chronic Nephritis and High Blood Pressure

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy 131 to

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) (c) Means of injury \_\_\_\_\_

23. Signature W. H. Knott M.D. (M. D. or other) \_\_\_\_\_

Address JASPER, Mo. Date signed 1-29-45

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

9  
0  
0

1203

45-1-93

**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..... *Emm R. Stueck* .....

Licensed Embalmer No. *391* .....

P. O. Address..... *Cochran* .....

**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.**