

FILED MAY 28 1945
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 93

26
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4

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

1. PLACE OF DEATH:

(a) County Call

(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 209 Monroe 1
(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

3. (a) PRINT FULL NAME: Andrew Miller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race white

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

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

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

7. Birth date of deceased April 22 1955
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>-</u>	<u>10</u>	hr. _____ min.

9. Birthplace Germany 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER { 12. Name John Miller 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Norma Richter

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Judy S. Miller

(b) Address Russellville

17. (a) Burial (b) Date thereof 5-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown Mo.

18. (a) Signature of funeral director W. Debusch

(b) Address Russellville, Mo.

19. (a) 5-2-45 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Call 24

(c) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Monroe 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 87 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1945 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from 4/25, 1945, to 5/2/45, 1945; that I last saw him alive on 4/25/45, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 8yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

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)

Means of injury _____

23. Signature Paul Taylor (M-D. or O.D.) MD

Address Jefferson City Mo Date signed 5/4/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-1-45

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:

Henry H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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, above space should be left blank.