V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20229

FILED JUL 13 1945

State File No.

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Daviess

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Gallatin
(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 George Stokley Miller

3. (b) If veteran, name war None

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 Ethel Miller

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 15 (Day) 1870 (Year)

8. AGE: Years 75 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Orville Miller
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Reid
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Miller
(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 6-30-1945 (Date received local registrar) (b) L. O. Nicholson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 7:55 minute A. M.

21. I hereby certify that I attended the deceased from June 24, 1945, to June 29, 1945; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bulbar Paralysis	7 days
Due to: Hypertension (Essential)	5 yrs
Due to: Arteriosclerosis	5 yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lloyd E. Nelson (M. D. or other) D.O.
Address Gallatin, Mo. Date signed 6-30-45

1084

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1945

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.

RECEIVED
District Health Officer No. 11,
District File Number .....
Date Filed .....

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.