

No. 2
1-2-43
5-17-39
X35697

FILED OCT 19 1945

Registration District No. **60**

Primary Registration District No. **6225**

Registrar's No. **149**

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

1. PLACE OF DEATH:

(a) County Wagon

(b) City or town Washington

(c) Name of hospital or institution: State Hospital #3

(d) Length of stay: 6 months 6 days

In this community 6 months 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Verona

(d) Street No. P.H. #1

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALLEN F. MILLER

3. (b) If veteran name was no

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Sept day 30 year 1945 hour 12 minute 30 p.M.

4. (a) Sex Male (b) Race White

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

6. (b) Name of husband or wife Rebecca Ann Miller

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 22 (Month) 1859 (Day) (Year)

21. I hereby certify that I attended the deceased from 13-24 1945 to 9-30 1945 that I last saw him alive on Sept 30 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 1 Days 8 If less than one day hr. min.

Immediate cause of death Arterio Sclerosis

Due to Arterio Sclerosis

9. Birthplace Verona Mo (City, town, or county) (State or foreign country)

Due to ✓

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

Major findings: ✓ Of operations 91

10. Usual occupation Farming

11. Industry or business Farming

12. Name John D. Miller

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

14. Maiden name Rebecca Ann Miller

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

16. (a) Informant Hospital Records

(b) Address State Hospital No 3, Nevada, Mo

17. (a) Burial (b) Date thereof 9-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation VERONA, MO.

18. (a) Signature of funeral director J. J. King

(b) Address Verona Mo

19. (a) Sept. 30-45 (b) Walter J. Yancy (Registrar's signature)

Of autopsy No

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) _____

(b) Means of injury fall

23. Signature J. R. Hall (M.D. or other) MD

Address Verona Mo Date signed 9/30/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1499

RECEIVED

Office No. 2

9-42-285

10-12-45

Date Filed

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.....

..... Licensed Embalmer No.

..... P. O. Address: *Barrow, 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.