

FILED MAY 13 1946

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in home North main 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 life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Republic 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM SHELDON MILLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife May Dell Stowe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 1868
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days 6 If less than one day hr. _____ min. _____

9. Birthplace Greene (City, town, or county) - (State or foreign country) _____

10. Usual occupation Farm

11. Industry or business _____

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant Ermitt Miller

(b) Address Republic Mo

17. (a) _____ (b) Date thereof 4-7-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Widow Chapel

18. (a) Signature of funeral director R. E. Thurman Und. Co.

(b) Address Republic Mo.

19. (a) 4/12/1946 (b) Florence Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1946 hour 12:30 AM/PM _____ M.

21. I hereby certify that I attended the deceased from June 1, 1946, to April 5, 1946
(that I last saw him alive on April 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fatty Degeneration of The Heart Duration _____

Due to Infirmities of Age

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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) no

(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 _____

23. Signature E. L. Neal M.D. (M. D. or other) _____

Address Republic Mo. Date signed 4/6/46

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

RECEIVED

Greene County Health Office,

County File Number 46-5-61

Date Filed 5-10-46

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.....

E. M. [Signature], Registered ^{Embalmer} Apprentice No.
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 508.....

P. O. Address.....

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.