

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

State File No. 15914  
Registrar's No. 199

**FILED JUN 11 1946**

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH

(a) County: Callaway

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

(c) Name of hospital or institution: 306 E. 10TH  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community h. i. f. e. years, months or days

3. (a) PRINT FULL NAME: HENRY R. MILLER SR.

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: MALE 5. Color or race: White

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

6. (b) Name of husband or wife: MARY WORRELL 6. (c) Age of husband or wife if alive: DK years

7. Birth date of deceased: JAN 13 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: CALLAWAY CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: CARPENTER

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: John Miller 9

13. Birthplace: DK 9  
(City, town, or county) (State or foreign country)

14. Maiden name: SOPHIA SAUER 9

15. Birthplace: DK 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS HENRY MILLER

(b) Address: FULTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: June 1 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: HILL REST, FULTON

18. (a) Signature of funeral director: Glen Y. Mangin

(b) Address: 712 Cant St. Fulton, Mo.

19. (a) June 1 1946 (Date received local registrar) (b) Joan M. Moschhoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: CALLAWAY

(c) City or town: FULTON  
(If outside city or town limits, write "RURAL")

(d) Street No.: 306 E. 10TH  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 4:00 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 11 1946 to May 30 1946; that I last saw him alive on May 30 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Lymphatic Leukemia Duration 3 yrs.

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

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

Other conditions: Chronic Interstitial Nephritis 2 yrs  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis PHYSICIAN \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 3/2

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: D. A. Guiseon (M. D. or other) \_\_\_\_\_

Address: Fulton, Mo. Date signed: 5/31/46

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-10-46

SEP 4 1957

SEP 12 1957

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 Glen Y. Marpin  
Licensed Embalmer No. 2725  
P. O. Address Fulton, 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.