

Registration District No. 107 Primary Registration District No. 3019 5422

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural Ind. Imp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dunklin County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos.
(Specify whether)

In this community 60 yrs.
years, months or days

3. (a) PRINT FULL NAME George Edward Miller

3. (b) If veteran, name war no

3. (c) Social Security No. 490-140349

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

7. Birth date of deceased Male 24 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 0 hr. min.

9. Birthplace Anna Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Labaron

11. Industry or business

12. Name L. E. Miller

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

14. Maiden name Don't know

15. Birthplace Don't know Ill
(City, town, or county) (State or foreign country)

16. (a) Informant George Miller

(b) Address 1258 1/2 So. Main Road Ohio

17. (a) Burial (b) Date thereof 9-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Camp

18. (a) Signature of funeral director Leif Nord Co

(b) Address Kennett Mo

19. (a) 9-26-1946 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1946 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 1st to Sept 24 1946 and that I last saw him alive on Sept 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch pneumonia Duration

Due to Chronic interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations 131A

Of autopsy

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) (e) Means of injury

23. Signature [Signature] (Date signed) 9-26-46
Address Kennett Mo

RECEIVED
District Health Office No. 2,
District File Number 1046-1178
Date Filed 10-1-46

JUL 28 1949

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.....

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.