

FILED OCT 17 1946

State File No. _____

Registration District No. 2

Primary Registration District No. 4059

Registrar's No. 93

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Savannah
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew 2
 (c) City or town Savannah
 (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 CHARLS FRANCIS MILLER
 3. (b) If veteran, name war L
 3. (c) Social Security No. 1

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Ida Morrison
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 28 1862
 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace un known mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Reserve Farmer

11. Industry or business _____

12. Name JAKE MILLER

13. Birthplace un known penn
 (City, town, or county) (State or foreign country)

14. Maiden name un known

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

16. (a) Informant Miss Alice Brown

(b) Address Savannah mo

17. (a) B (b) Date thereof 10-9-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director E. G. Berg

(b) Address Savannah mo

19. (a) 10-8-46 (b) William Sparks
 (Date received local registrar) (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
 year 1946 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 1946
 to Oct 5 1946
 that I last saw him alive on 5 October 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Decompensation
Hypostatic Pneumonia

Due to _____

Due to _____

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

Major findings:
 Of operations 430
 Of autopsy _____

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? 0

While at work _____ (Specify type of place)
 (c) Means of injury _____

23. Signature William B. Kelley (M. D. or other) MD

Address Savannah, Mo Date signed 10-2-46

Duration

1 Month
4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Jarvis 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.