

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39460

Registration District No. 374

Primary Registration District No. 4549

Registrar's No. 43

1. PLACE OF DEATH:

(a) County North
(b) City or town Allendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT
FULL NAME

Fred Miller

3. (b) If veteran,
name war. ✓

3. (c) Social Security
No. ✓

4. Sex MO 5. Color or
race W

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

6. (b) Name of husband or wife
Lora E. Miller

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

7. Birth date of deceased April 10 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 17 hr. min.

9. Birthplace Allendale MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Fred Miller

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

14. Maiden name Phyllis Williams

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

16. (a) Informant James Miller

(b) Address Allendale, MO.

17. (a) Burial (b) Date thereof 11-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director Frank C. Dwyer
(b) Address Frank City, MO.

19. (a) 12-2-1946 (b) Arthur E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County North
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Allendale, MO.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1946 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-10
46 to 11-27, 1946;

that I last saw him alive on 11-23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death excessiveness of liver Duration 3 mo

Due to _____

Due to _____

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

Major findings:
Of operations 46F

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) (e) Means of injury ✓

23. Signature B. J. Ross M.D. (M. D. or other) ✓

Address Springfield, MO Date signed 11-28-46

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

38214

DISTRICT HEALTH OFFICE
Cameras, 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.....

Licensed Embalmer No..... 3252

P. O. Address..... Front City, 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.