

S. No. 2
M-3-43
v. 5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8572
Registrar's No. 48

FILED APR 9 1947
Registration District No. 110

Primary Registration District No. 4189

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rosebud
(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 _____ (Specify whether)

In this community 70 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Rosebud (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 JOHN ABRAHAM MILLER

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-9- 1947 to 3-31- 1947;

that I last saw him IM alive on 2-25- 1947;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 6 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>25</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death Coronary heart failure Duration 6 wks

Due to Myocarditis chronic UNKNOWN

Due to ANEMIA PERNICIOUS UNKNOWN

9. Birthplace Walbert Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name George Miller

13. Birthplace Unknown (State or foreign country)

14. Maiden name Margaret Wiseman

15. Birthplace Unknown (State or foreign country)

16. (a) Informant Charlie Miller

(b) Address Rosebud, Mo.

17. (a) Burial (b) Date thereof 4 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M.E. Cemetery Rosebud, Mo.

18. (a) Signature of funeral director Milford W. Winter

(b) Address Opbensville Mo.

19. (a) 4-5-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Other conditions ANEMIA PERNICIOUS UNKNOWN
(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 D

23. Signature [Signature] (M. D. or other) _____

Address Rosebud Mo Date signed 4-2-47

Date Filed 4-8-47

District File Number

District Health Officer No. 8,

RECEIVED

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Michael R. H. Winters

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.