

FILED OCT 23 1947

State File No. _____
Registrar's No. 280

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland
(c) City or town Memphis
(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 Frank A. Miller
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10 year 1947 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug 30 1947 to Oct 10 1947; that I last saw him alive on Oct 10 1947 and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Terminal pneumonia 12 hr
Due to Right sided heart failure ?
Due to Airchosis of liver ?
Other conditions: Dystrophic arthritis ?
(Include pregnancy within 3 months of death)

7. Birth date of deceased: Jan 29 - 1869
(Month) (Day) (Year)
8. AGE: Years 78 Months 3 Days 12 If less than one day _____ min.
9. Birthplace: David Co. Iowa (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autops: 12 4B
Underline the cause of which death should be charged statistically.

10. Usual occupation: Prison Guard
11. Industry or business: _____
12. Name: Clinton Miller
13. Birthplace: NY (City, town, or county) (State or foreign country)

14. Maiden name: Evan Carter
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Dale Miller
(b) Address: Decorah, Ill.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Oct 13 - 47 (Month) (Day) (Year)
(c) Place: Swiss Hill, Ill.
18. (a) Signature of funeral director: Wm. Lambert
(b) Address: Memphis, Mo.
19. (a) 10-16-47 (Date received local registrar) (b) Wm. Lambert (Registrar's signature)

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: M. T. Lutenish (or other) Dr.
Address: Kirkville, Mo. Date signed: 10-10-47

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

MOTHER FATHER

RECEIVED
District Health Officer No.
District File Number 10-47-14
Date Filed OCT 21 1947

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 Fred Gerth
Licensed Embalmer No. 4256
P. O. Address Memphis

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.