

FILED DEC 16 1947

Registration District No. **280**

Primary Registration District No. **5810**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Montgomery Co.  
(b) City or town Bluffton, Mo.  
(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 79 years  
(Specify whether years, months or days)  
In this community 79 years

3. (a) PRINT FULL NAME George Husemann Miller,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Caroline Miller, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jane 15th 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 23 hr. min.

9. Birthplace Chester Co., Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

12. Name Samuel Miller,

13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Isabel Evans,

15. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant April P. Miller,

(b) Address Rhineland, Mo.

17. (a) Burial (b) Date thereof Dec 10th 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluffton Cent.

18. (a) Signature of funeral director American  
(b) Address Americus, Mo.

19. (a) Dec 10-47 (b) Max. Nana Lee Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery,  
(c) City or town Bluffton, Mo.  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec- day 8th  
year 1947 hour 3 - minute 30 P. M.

21. I hereby certify that I attended the deceased vicar 8 Dec - 1947 to 7:30 PM  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?  
(Specify type of place)

While at work? (a) Means of injury  
23. Signature Clement N. Bennett (M. or other) Dr.  
Address Montgomery City Mo. Date signed Dec 8/1947

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

70  
00

Date Filed  
District File Number 12-15-47  
District Health Officer No. 2  
RECEIVED  
MAY 1 1949

JUL 29 1949

MAY 29 1957

JAN 10 1957

OCT 13 1957

OCT 17 1952  
OCT 17 1952  
NOV 9 1948

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.....

D. B. Baker,

Registered Apprentice No.....

working under my personal supervision.

Signed *D B Baker*

Licensed Embalmer No. 3375

P. O. Address. Americus, 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.