

No. 2
-8-13
5-17-39
I X37823

State File No. _____

FILED MAR 5 1948

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town RURAL - Willow Spgs - Twp.
(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 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. Willow Springs Township
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WALTHAM MILLER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1948 hour 9:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-15-1948 to 2-4-1948
that I last saw him 1m alive on 2-3-1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MAMIE C. MILLER

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

7. Birth date of deceased DEC. 26 1858
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 5 yrs

Due to arteriosclerosis 10 yrs

8. AGE: Years 89 Months 10 Days 7
If less than one day _____ hr. _____ min.

Due to _____

Other conditions Chr. Arthritis 7 yrs
(Include pregnancy within 3 months of death)

9. Birthplace Millersburg Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations 435

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Peter Miller

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Herbert Miller

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 2/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Grove Cemetery

18. (a) Signature of funeral director J.B. Burns

(b) Address Willow Springs Mo.

19. (a) 2/5/48 (b) Michelle Bell
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature J.P. Callahan (M. D. number) _____
Address Willow Springs, Mo. Date signed 2-5-48

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

RECEIVED

District Health Officer No. 5,
34815 2.

District File No. _____
Date Filed 3-4-48

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 J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.