S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 3948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 9277

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 737 East 6th
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frederick Miller
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 19 (Day) 1881 (Year)

8. AGE: Years 66 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Mortar mixer
11. Industry or business: George Miller
12. Name (Father): Dade County
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother): Jennie Virginia Long
15. Birthplace (City, town, or county) Dade County Missouri (State or foreign country)
16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 17 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Hill
18. (a) Signature of funeral director: Karl Montony
(b) Address: Carthage Mo.
19. (a) 2/17/48 (Date received by local registrar) (b) D. Shilbury (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1948 hour 6 minute 50 p.m.
21. I hereby certify that I attended the deceased from February 2, 1948, to February 11, 1948; that I last saw him alive on February 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (e) Means of injury:

23. Signature: G. T. Fuqua M.D. (M.D. or other)
Address: Mo. State San., Mount Vernon, Mo. Date signed: 2-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-369
Date Filed MAR 31 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 My self, Registered Apprentice No. ....., working under my personal supervision.

Signed Emma Krull

Licensed Embalmer No. 391

P. O. Address .....

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.

. S. No. 2
M—1/47
5-17-3

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town CARTHAGE
(If outside city or town limits, write "RURAL")
(d) Street No. 737 E 6th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick Miller
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 19 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	22	hr. min.

9. Birthplace Greenfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Mortar Maker
11. Industry or business —
FATHER
12. Name George Miller
13. Birthplace — (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Jennie S. Long
15. Birthplace Greenfield (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ewing Miller
(b) Address 737 E 6th - Carthage, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cem.
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1948 hour 6:50 minute P M.
21. I hereby certify that I attended the deceased from Feb 2, 1948 to Feb 11, 1948;
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6

District File Number.....

Date Filed.....

S-9277

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.....Frank W. Knell Jr

Licensed Embalmer No.....4440

P. O. Address.....Carthage

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.