

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Highville
(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 7 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWIN D. MILLER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Sda Miller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 16 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 7/0 If less than one day hr. _____ min. _____

9. Birthplace Highville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Edw Miller
13. Birthplace Highville Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Sloan
15. Birthplace Highville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jose Miller

(b) Address Brushier Mo.

17. (a) Burial (b) Date thereof 7-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sabbath Home Cem.

18. (a) Signature of funeral director Foster H. Enaley

(b) Address Brushier Mo.

19. (a) 7-12-48 (b) Kate Lambert (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Brushier (Rural) (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 July day 6 year 1948 hr. _____ minute 50 A.M.

21. I hereby certify that I attended the deceased from Apr 1948 to July 1948, that I last saw him alive on July 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis yes

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 97

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 _____

23. Signature H. M. Humphreys M.D. (M. D. or other) M.D.

Address Brushier Mo. Date signed 7-9-48

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

RECEIVED

District Health Officer No. 10

District File Number 7-48-170

Date Filed JUL 20 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hubert Hoseney Jr.

Licensed Embalmer No. 3755

P.O. Address Lundland 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.