

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

FILED JUL 27 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 173

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
302 1/2 South Main /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Maryville j
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 302 1/2 South Main
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK LEROY MILLER
 3. (b) If veteran, name war none
 3. (c) Social Security No. 491-09-1391

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 10
 year 1948 hour 4 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara W. Miller
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased August 25 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9 1948 to July 10 1948
 that I last saw him alive on July 9 1948
 and that death occurred on the date and hour stated above
 Immediate cause of death Over stimulation to heart causing coronary heart block. Duration _____
 Due to Alcohol.

8. AGE: Years 50 Months 10 Days 15
 If less than one day hr. _____ min. _____

Other conditions Alcohol
(Include pregnancy within 3 months of death)
 Major findings: Alcohol
 Of operations _____
 Of autopsy _____

9. Birthplace Dubuque Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Dealer

11. Industry or business Gebert Furniture Co.

12. Name John Miller

13. Birthplace Dubuque, Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Louise Carney

15. Birthplace Winthrop Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Miller

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 7/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dubuque, Iowa

18. (a) Signature of funeral director Price Funeral Home
Maryville, Missouri

(b) Address _____

19. (a) 7-17-48 (b) Beno Holley
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work _____ (e) Means of injury 2

23. Signature H. M. Chase (M. D. or other) DO

Address Maryville Mo. Date signed July 10/48

DISTRICT HEALTH OFFICE
Camden, Mo.

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..... *John W. Price*.....
Licensed Embalmer No. *4281*.....
P. O. Address *Maryville 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.