

FILED AUG 9 1948

State File No. _____

Registration District No. 356

Primary Registration District No. 6210

Registrar's No. 29

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town Rural Upton
(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 _____ (Specify whether)
In this community 4 WEEKS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. S. of State No. 107
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED MILLER

3. (b) If veteran, name war L 3. (c) Social Security No. 23

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased MAY 25 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 29 If less than one day _____ hr. _____ min/

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

10. Usual occupation Retired Railroad Man

11. Industry or business _____

12. Name Joseph Miller

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

14. Maiden name Ellen Hamilton

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

16. (a) Informant LEONA M. MILLER

(b) Address PLATO, MO

17. (a) Removal (b) Date thereof 7/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM

18. (a) Signature of funeral director Dayton O. Elliott

(b) Address Upton, Mo.

19. (a) July 31-48 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
year 1948 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from Death
see the deceased alive 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death unknown
supposed heart
insufficiency
Due to unknown

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

Major findings:
Of operations _____

Of autopsy 95C

Duration

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 3

23. Signature Myrtle Craig (M. D. or other) _____

Address Upton, Mo. Date signed 7-24-48

RECEIVED 8-2-48
District Health Officer No. 5
District File Number 877895
Data Filed 8-2-48

AUG 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.....

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

working under my personal supervision.

Signed *Frank E. Wood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.