

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 275

1. PLACE OF BIRTH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9 miles North Cape Girardeau  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country: ✓

3. (a) PRINT FULL NAME CHARLES BENNETT MILLER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Miller 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Sept 14, 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 19 If less than one day hr. min.

9. Birthplace: Oak Ridge Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George W. Miller

13. Birthplace Oak Ridge Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sheba Miller

15. Birthplace Oak Ridge Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant S.P. Trivalla

(b) Address Cape Girardeau

17. (a) Rural (b) Date thereof Sept 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Miller

(b) Address Jackson

19. (a) 9-6-48 (b) J.C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3  
year 1948 hour 10 minute 22 P.M.

21. I hereby certify that I attended the deceased from July 1, 1948 to Sept 3, 1948  
that I last saw him alive on 9/3/48 and that death occurred on the date and hour stated above.

Immediate cause of death adenocarcinoma

Due to Recto sigmoid: 4ms

Due to HE

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

Major findings: adenocarcinoma  
Of operations 7 Recto sigmoid  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Edw. Campbell (M.D. or other) \_\_\_\_\_

Address Cape Girardeau Mo Date signed 9-4-48

RECEIVED

District Health Officer No. 4

District File Number 948-11

Date Filed 9-13-5

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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: Gene C. Cravett

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

**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.**