

FILED SEP 4 1948

Registration District No.

Primary Registration District No. **4173**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Ava
 (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..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Moses Washington Miller

3. (b) If veteran, name war..... No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Widowed
 6. (b) Name of husband or wife..... Millie Miller 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... February 13, 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 1br.min.

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

10. Usual occupation..... Labour

11. Industry or business.....

12. Name..... John W. Miller

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

14. Maiden name..... Arzella Kirby

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

16. (a) Informant..... Hester Miller

(b) Address..... Ava, Missouri

17. (a) Burial (b) Date thereof..... 5-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Ava

18. (a) Signature of funeral director..... Clinkingbeard Funeral Home

(b) Address..... Ava, Missouri

19. (a) Aug. 19-48 (b) Wesley Bushman
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**
 (c) City or town..... Ava **1**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No..... **0**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year..... 1948 hour..... 4 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Embolism
Chronic Myocarditis
 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?..... Means of injury.....

23. Signature..... M. C. Hester (M. D. or other)
 Address..... Ava, Mo. Date signed..... 5-18-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 842.977

Date Filed AUG 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 _____

..... Registered Apprentice No.

working under my personal supervision.

Signed W B Hutchins

Licensed Embalmer No. 3431

P. O. Address Wm M

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept
43

Registration District No.

151

Primary Registration District No.

4173

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town awa
(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 _____
years, months or days)3. (a) PRINT
FULL NAMEMoses W. Miller3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M 5. Color or
race W6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased 7 of 13

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

743NO

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

Salvage, retired
awa lumber co.

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

S-25877 1948