

FILED NOV 23 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 5845

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Rural - Atchinson - Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Edgar Forest Miller

3. (b) If veteran, name war World War I 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 Elizabeth Miller 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased June 29 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
 year 1948 hour 5 minute 15 P. M.
 21. I hereby certify that I attended the deceased from Oct 1 1948 to Nov 1 1948
 that I last saw him alive on Oct 30 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Instantly

8. AGE: Years 60 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Miller
 13. Birthplace Andrew County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Little
 15. Birthplace Unknoh Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edgar Miller
 (b) Address Clearmont Mo.

17. (a) Burial (b) Date thereof 11-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins Mo

18. (a) Signature of funeral director Stanley Swanson
 (b) Address Hopkins Mo

19. (a) _____ (b) Beas Holt
(Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

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? _____

23. Signature W. H. Holt M. D. or other _____
 Address Hopkins Date signed 11/2/48
(Specify type of place) (Specify means of injury)

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

21-12

Office of T.G. 1940

MAR 28 1955

MAR 11 1955

DISTRICT HEALTH OFFICE
Cameron, 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.

myself

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address. *Hopkins, 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.