

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

FILED DEC 7 1948
Registration District No. 221

Primary Registration District No. 4381

State File No. _____
Registrar's No. 282

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Family home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 38 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Hopkins 0
(If outside city or town limits, write "RURAL")

(d) Street No. none 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FLAVIOUS MIELER

3. (b) If veteran, name war: none 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 Ada Louise Acree 6. (c) Age of husband of wife if alive dec. years

7. Birth date of deceased: May 5 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	100	6	13	hr. min.

9. Birthplace: Marion Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer - retired

11. Industry or business _____

12. Name William Miller

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

14. Maiden name Mary Ann Stair
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Fannie Robbins

(b) Address Hopkins, Missouri

17. (a) burial (b) Date thereof: 11/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siam, Iowa

18. (a) Signature of funeral director: Prize Funeral Home

(b) Address Maryville, Missouri

19. (a) 11-27-48 (b) Bess Holtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10/18/48 to Nov 18 1948
that I last saw him alive on Nov 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility Duration 10 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 C. P. Dirl (M. D. or other) M.D.
Address Hopkins Date signed 11/19/48

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.

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.