

10-47
7-39
3908

FILED FEB 7 1949
Registration District No. 27

Primary Registration District No. 418

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Sparta Mo
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

3: (a) PRINT FULL NAME B. M. Miller

3: (b) If veteran, name war _____

3: (c) Social Security No. _____

4. Sex male Color or race w.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertie Miller

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 24 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 6

If less than one day hr. 1 min. 0

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Land Knowl

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

14. Maiden name Land Knowl

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

16. (a) Informant Gertie Miller

(b) Address Sparta Mo

17. (a) Buried (b) Date thereof Jan 2-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark Mo

19. (a) Jan 31-49 (b) Lillie Barr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Sparta Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec-1-1948 to Dec-31-1948
that I last saw him alive on Dec-30-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Dilatation

Due to Myocardial Degeneration

Due to _____

Other conditions (Include pregnancy within 3 months of death) 42 2/3

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? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature Harold H. Wilson (M. D. or other) _____
Address Sparta, Mo. Date signed Jan 10-49

RECEIVED

District Health Officer No. 6,

District File Number 249-159

Date Filed 2-4-49

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark 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.