

FILED OCT 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31399

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived...) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Pleasant Hope</u>		c. CITY OR TOWN <u>Pleasant Hope</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS <u>SW Part of Pleasant Hope</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SW Part of Pleasant Hope</u>		e. (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 25, 1898</u>
9. AGE (in years last birthday) <u>51</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 6 MOS. Hours <u>1</u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Bessie J. Miller</u> ADDRESS <u>Pleasant Hope</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac collapse</u> ANTECEDENT CAUSES <u>Chronic Cardiovascular Disease</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1943</u> , to <u>Sept. 26, 1949</u> that I last saw the deceased alive on <u>8.15.49</u> , 19 <u>49</u> , and that death occurred at <u>8.15.49</u> , m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>St. Louisville 820</u>	23c. DATE SIGNED <u>Oct. 1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>S. W. Part of Pleasant Hope, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 31 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	25. FURNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Pleasant Hope</u>	

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1214

Date Filed 10-10-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balmar, N.J.

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.