

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY DIST. NO. 4372 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Burlington Junction		c. LENGTH OF RESIDENCE (In this place) 37 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct Mo	
		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) Phillip	a. (First)	b. (Middle)	c. (Last) Miller	4. DATE OF DEATH May 04 1950
				(Month) (Day) (Year)

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct 11, 1870	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Princeville, Illinois	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME James W Miller	13b. MOTHER'S MAIDEN NAME Jane Fast	14. NAME OF HUSBAND OR WIFE Alice White Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Miles Ward ADDRESS Burlington Jot Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May 2 - 5D
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		481X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 2, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

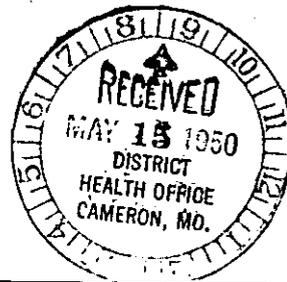
23a. SIGNATURE L.E. Wallace M.D. (Degree or title)	23b. ADDRESS Burlington Jct. Mo.	23c. DATE SIGNED 5-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/6/50	24c. NAME OF CEMETERY OR CREMATORY Ohio	24d. LOCATION (City, town, or county) (State) Burlington Jct Mo
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DATE REC'D BY LOCAL REG. May 13 - 1950	REGISTRAR'S SIGNATURE Bess Holt	25. EMBALMER'S SIGNATURE J. E. Wallace ADDRESS Burlington Jct Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Licensed Embalmer No. 2968

P. O. Address Burl. Jet ms

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.