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

FILED DEC 14 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 5200

Registrar's No. 139

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ANDY MILLER, Jr.

3. (b) If veteran, name war _____ 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 Susie Miller 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept 3 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Miller
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Alie Elizabeth Greggar
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Susie Miller
(b) Address Wakenda, Mo.

17. (a) Burial (b) Date thereof Nov 17 1942
(Burial, cremation; or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo

19. (a) 11-16-1942 (b) Mrs. James R. Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 17 year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov 14 42 to Nov 14 42 19____
that I last saw him alive on Nov 14 42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Quebec Paralysis - Fatal

Due to _____
Due to _____
Other conditions 8211
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed Nov 16

1053

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-10-42

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 K. P. M. Cray

Licensed Embalmer No. 31530

P. O. Address Glasgow, 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.