

1-1-39
I-X23159

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

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution State Hosp #1 of Fulton mv. 2
(d) Length of stay: In hospital or institution Since Sept 2 - 1942
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Andrew Miller
3. (b) If veteran, name war P.D.K.
3. (c) Social Security No. P.D.K.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife known as Mrs. Jno. G. Miller 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased April 24 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

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

16. (a) Informant Incomplete hosp. records
(b) Address _____

17. (a) Buried (b) Date thereof 10/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLester

18. (a) Signature of funeral director William E. Friedman
(b) Address California Mo.

19. (a) 10-1-1942 (b) John Morant Hoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County 14
(c) City or town Moniteau
(d) Street No. ? (If outside city or town limits, write "RURAL")
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1942, to Sept 30, 1942
that I last saw him alive on Sept 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 7 days
Due to 108
Due to _____

Other conditions Generalized arteriosclerosis and senile psychosis
(Include pregnancy within 3 months of death)

Major findings: none
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)
(c) Means of injury _____

23. Signature P. S. Tah (M. D. or other)
Address State Hosp #1 of Fulton Date signed 9-30/42

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.....

Hugh E. Hillebrand

Licensed Embalmer No. *3537*

P. O. Address *California 24*

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.

STANDARD CERTIFICATE OF DEATH

State File No. **29966**
Registrar's No. **316**

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

- (a) County **Callaway**
(b) City or town **Fulton**
(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 years, months or days)
In this community

3. (a) PRINT FULL NAME

John Andrew Miller

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex

m

5. Color or race

w

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased (Month) (Day) (Year)

April 24

8. AGE:

Years

Months

Days

If less than one day

72

5

0

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Monteau**
(c) City or town **Mc Girk**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **etc** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** year **1942** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I observed him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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SUPPLEMENTARY

