

NOV 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. 34929

Registration District No. 94

Primary Registration District No. 405-5

Registrar's No.

1. PLACE OF BIRTH:

(a) County. Caldwell
(b) City or town. Breckenridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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)

3. (a) PRINT FULL NAME Alexander E. Miller

3. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

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

7. Birth date of deceased Nov. 16 1848
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Albany New York
(City, town, & county) (State or foreign country)

10. Usual occupation retired farmer 4

11. Industry or business 9

12. Name John H. Miller 9

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

14. Maiden name Elizabeth (unknown)

15. Birthplace unable to ascertain
(City, town, or county) (State or foreign country)

16. (a) Informant George C. Miller

(b) Address Breckenridge

17. (a) Burial (b) Date thereof Oct. 19 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breckenridge

18. (a) Signature of funeral director M. Naughton

(b) Address Hamilton Missouri

19. (a) Oct 23 - 1940 (b) A. R. Wilson M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Breckenridge
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Sept 15 - 1938, 19 to Oct 28 1940

that I last saw him alive on Oct 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Cerebral hemorrhage & brain paralysis following

Due to

Other conditions (include pregnancy within 3 months of death) 12 1/2

Major findings: Of operations none Of autopsy none

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? 98

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

23. Signature E. A. Thompson (M. D. or other) Oct 23

Address Breckenridge Date signed 1940

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

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.....

L.R. Houghton

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L.R. Houghton

Licensed Embalmer No.

3854

P. O. Address.....

Hamilton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.