

FILED JAN 25 1941

Registration District No. 252 Primary Registration District No. 5351

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Jamesport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11 Miles N.E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Jamesport Twp.
(If outside city or town limits write "RURAL")
(d) Street No. 11 Miles N.E. Gallatin, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1940 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec 23
_____, 1940 to Dec 29 _____, 1940
that I last saw him alive on Dec 29 _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc
Pneumonia
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature F. B. Bayley (M. D. or other) D.O.
Address Jamesport, Mo. Date signed 1-10-41
While at work? 229 (Specify type of place)
(e) Means of injury 3

3. (a) PRINT FULL NAME Jacob Shafer Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Victoria Belle Miller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 28 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Ringo County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Miller

18. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah (Unknown)

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Robt. Miller

(b) Address RFD 1 Jamesport, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. Jamesport Mo.

18. (a) Signature of funeral director Hope Farm. Fun. Co.

(b) Address Gallatin, Mo.

19. (a) Dec 31-40 (b) Will Miller
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Fallston, Md

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, above space should be left blank.