

FEB 25 1941

Registration District No. 16

Primary Registration District No. 5020509

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rochester Township
(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 County Farm
(Specify whether
In this community 13
years, months or days)

3. (a) PRINT FULL NAME Henry Miller
8. (b) If veteran, name war no 8. (c) Social Security No. 200

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 30 1867
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace no Record 9
(City, town, or county) (State or foreign country)

10. Usual occupation no Record

11. Industry or business _____

MOTHER FATHER
12. Name no Record
13. Birthplace no Record 9
(City, town, or county) (State or foreign country)
14. Maiden name no Record
15. Birthplace no Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Maughmer
(b) Address Savannah Mo

17. (a) B (b) Date thereof 1-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Ed Breit
(b) Address Savannah Mo

19. (a) Jan 28-41 (b) Mrs Verice A Fite
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Rochester Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
year 1941 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 23
1941, to Jan 26 1941,
that I last saw him alive on Jan 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
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? 985
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Clifford A. Steidley M. D. or other MD
Address Savannah Mo Date signed 4/26/41
County Physician

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Savannah Ga

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.