

APR 2 1941 660  
Registration District No.

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County PERRY  
(b) City or town PERRYVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 WILLIAM ALEXANDER MILLER

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 799-03-6467

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY BEATRICE REED  
6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased DECEMBER 25, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation ROAD CONSTRUCTION

11. Industry or business \_\_\_\_\_

12. Name JAMES C. MILLER

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

14. Maiden name ELIZA ESTES

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

16. (a) Informant Joseph Carl Miller

(b) Address PERRYVILLE, MO.

17. (a) BURIAL (b) Date thereof JAN. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. BONIFACE CATHOLIC CEM.

18. (a) Signature of funeral director Bay Funeral Home

(b) Address PERRYVILLE, MO.

19. (a) 1-16-41 (b) Joe J. Zuelner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14<sup>th</sup>  
year 1941 hour 3:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1-7-41, 1941, to 1-14-41, 1941.  
that I last saw him alive on 1-8-41, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary thrombosis 10 yrs  
hypertension 2 yrs  
hypertension 10 yrs  
Myocardial heart 10 yrs  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 12/18

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?  
FAF  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Jerome J. Reddick (M. D. or other) \_\_\_\_\_  
Address Perryville, Mo Date signed 1-18-41

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

2  
40  
1941

**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

*Le Roy J. Schindler*

Licensed Embalmer No. 4175

P. O. Address Ferrisville, 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.**