

Registration District No. 908

Primary Registration District No. 6223

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Dawson Wood T. Wyo.
(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 35 years (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Mar. 18 1942 to Mar. 19 1942
that I last saw him alive on Mar. 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address Mo. Live Wv. Date signed 3-25-42

3. (a) PRINT FULL NAME Emley P. Miller

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

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

6. (b) Name of husband or wife Charles F. Miller 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 8 hr. min.

9. Birthplace Washington Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Coffman

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

14. Maiden name Viola Duncan

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

16. (a) Informant Charles F. Miller

(b) Address Dawson Missouri

17. (a) Burial (b) Date thereof Mar 21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mountain

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove Mo

19. (a) 5/17/42 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

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

14
00

RECEIVED

District Health Officer No. 6,

District File Number 542-702

Date Filed MAY 13 1942

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 *Ernest D. Gaffney*

Licensed Embalmer No. 3161

P. O. Address *St. Louis 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.