

Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
439 Cherry
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
 (d) Street No. 439 Cherry St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country XXX

3. (a) PRINT FULL NAME SCOTT J. MILLER
 3. (b) If veteran, name war XXX
 3. (c) Social Security No. XXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oakland L. Misher 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Dec. 29 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>17</u>	<u>XX</u> hr. <u>XX</u> min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business XXX

12. Name John Willis Miller

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

14. Maiden name Mary Bland

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

16. (a) Informant Roger B. Miller
 (b) Address 1114 Fidelity Bldg. Ke. Mo

17. (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James B. Gordon
 (b) Address Chillicothe, Mo.

19. (a) Nov 18-1942 (b) Lou Elba Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 16
 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10
1942 to Nov 16 1942
 that I last saw him alive on Nov 16 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation
chronic myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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?
 While at work _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Paul Brennan (M. D. or other) _____
 Address Chillicothe Mo Date signed 11/17/42

Duration _____
 Underline the cause to which death should be charged statistically.

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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.....

Donald F. Gordon

Licensed Embalmer No. *4191*

P. O. Address. *Chillicothe, 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.